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ABSTRACT

This report describes a research utilization and information-sharing effort focused on achieving national change in educational policies and practices toward school-age pregnant girls and promoting the development of comprehensive continuing education programs for them. As a result of the effort, a new Federal education policy with respect to school-age pregnant students and young families was developed and disseminated. This and other information was shared with educational officials on both Federal and regional levels, and mechanisms for ongoing communication and consultation were developed. On a State level, chief State school officers were reached through their own meetings. In addition, southern State education officials were reached through a special conference focused solely on pregnant students. Background materials and information were distributed to all. Finally, useful pamphlets and booklets (appendixes to this report) were prepared that will enable the projects and Federal, regional, and State education officials to aid more effectively those who wish to establish comprehensive continuing education programs for school-age pregnant girls. (Author)

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Annual Report

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Project Number 1-0753
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Marion Howard
George Washington University
Suite 709 - 1145 19th Street, N.W.
Washington, D.C. 20036

TO PROMOTE COMPREHENSIVE CONTINUING EDUCATION PROGRAMS FOR SCHOOL-AGE PREGNANT GIRLS

June 1972

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Education

National Center for Educational Communications

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ANNUAL REPORT

Project No. 1 - 0753
Grant No. OEG-0-71-3954

TO PROMOTE COMPREHENSIVE CONTINUING EDUCATION PROGRAMS FOR SCHOOL-AGE PREGNANT GIRLS

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George Washington University
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Washington, D.C. 20036

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U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Office of Education
National Center for Educational Communications

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INTRODUCTION

In the United States today, one out of every ten girls will give birth while of school-age (that is, before reaching the age of 18). Indeed, this year alone over 210,000 girls under the age of 18 will give birth. The results are often tragic: large numbers of school drop-outs with no marketable skills who swell the welfare roles; high incidences of birth irregularities associated with handicapping considerations such as mental retardation; repeated rapid childbearing with health consequences for both mother and child; large numbers of forced early marriages which end in divorce and also contribute to welfare dependency; high rates of attempted suicide. It is important to note that research evidence shows that all pregnant girls--married or unmarried, white or members of minority groups--are high educational, medical, and social risks. However, the problem is particularly urgent for girls from low-income families who have the least access to any kind of care during pregnancy and for those from minority groups who most often keep their babies because of the scarcity of adoptive homes. Further, the younger the girls the greater the risks. Not all risks, however, are age or socio-economically related--part of the high risks involved stem from societal neglect and punitive policies and practices.

Early childbearing is associated with incomplete education and subsequent lack of skills for entry into the job market. Pregnancy is the major known cause of school drop-outs among girls in the United States. The majority of young mothers never return to school following childbirth and even fewer obtain high school diplomas. Those most needing an education and preparation for work are thus least likely to achieve it, resulting in unemployment, underemployment and increased welfare dependency.

Society contributes to these educational risks. Most school systems operate under local policies and practices (not laws) which can force out of school any married or unmarried girl who becomes pregnant. Few offer any education during pregnancy: of those that do, the most common is that of two hours a week home tutoring. Following pregnancy, many school systems discourage the young mother from returning to school. Some impose unreasonable lengths of time between delivery and return to school; some even prohibit her from ever again attending regular school classes. A few school systems also deny the boy involved further education or impose handicapping measures. The policy of excluding pregnant girls is a self-defeating one.

In fairness, it should be stated that some school systems have experimented with a variety of continuing education approaches--home instruction, night school courses, or adult education classes. Few school systems, however, have been satisfied with these arrangements. First of all, it is difficult to keep the girls up with their classmates with only two hours a week of home teaching. Night school seems ill-advised

because it often keeps the girls out late in the evening. And the obvious differences between the girls' attitudes, behavior, and levels of interest and those of the more mature students make attendance in adult education classes less than satisfactory. Perhaps overriding all these objections, however, is the fact that young pregnant girls have concerns and needs that cannot be met in any of these situations.

A gap exists which must be filled by community based programs for girls living at home during pregnancy and most often keep their baby. Nationwide, of the over 210,000 girls who give birth, less than 5% are served by maternity homes and close to 85% of all girls attempt to mother the child. Through the efforts of several Federal agencies--primarily the Children's Bureau, Division of Maternal and Child Health Services--a new approach to meeting the needs of the pregnant school-age girl was experimented with in the mid-1960's. The result has been the successful development of educationally-centered comprehensive service programs which provide continuing education on a class-room basis as well as early and consistent prenatal care and counseling. Currently there are close to 250 such programs in over 225 communities, serving approximately 40,000 school-age pregnant girls. Most are locally funded.

The problem is how to move from a demonstration phase in which 40,000 girls are served to a full operational phase in which the needs of the 210,000 girls are met. Health and social services experts agree that the one way to successfully reach the girls with health and counseling services is through the offering of an educational program. Thus education becomes central to the provision of comprehensive services. Moreover, the school, as has been stated, is the cachement agency for this particular population group. The research utilization and information sharing effort this report describes, has therefore been focused on achieving national change in educational policies and practices toward school-age pregnant girls and promoting the development of comprehensive continuing education programs for them. During the phase reported on here (Phase I) attempts were made to work closely with federal, regional, and state level educational officials to build a firm base for launching dissemination and utilization of material among the local communities (Phase II). In particular, attempts were made to attain four objectives:

1. Assist the U. S. Office of Education in encouraging nationwide development of comprehensive continuing education programs for school-age pregnant girls.

2. Encourage State Boards of Education and State Education Agencies to improve comprehensive service programs for school-age pregnant girls.

3. Prepare basic materials which could be used to provide guidance to organizers and developers of comprehensive programs for school-age

pregnant girls.

4. Identify effective alternative models for delivery of services to school-age pregnant girls.

METHODS

The methods used in achieving the objectives described in the introduction related to retrieval of information, transformation of information, and limited communication of information.

Retrieval of Information

In order to obtain the information needed as background to consultant activities, preparation of materials, and other grant tasks, a number of steps were taken.

- Brochures and reports from various programs for school-age pregnant girls were examined. In some cases additional information was sought by letter or phone.

- Materials previously developed or collected under other grants were examined. Of major use were summations or transcriptions of conferences and small workshops in which those intensively involved in such programming explored a variety of subject areas related to provision of services for the school-age population group.

- Published field literature was reviewed as background to the task.

- Experiences of the project staff in program visits, conversations with program operators, attendance at conference sessions, and technical assistance activities were also drawn upon.

- A meeting was held with the President of the National Alliance Concerned with School-Age Parents, an independent non-profit organization focused on improving services to school-age pregnant girls, to gather information useful in understanding program organization and program components.

- The raw data accumulated by the University of Pittsburgh in connection with its national survey of comprehensive service programs for pregnant school-age girls was examined. (The survey was conducted in 1971 and preliminary results will be issued in the fall of 1972). Information thought to be useful for the funding and modeling reports was extracted. This information was cross-checked with information accumulated by the project and additions, deletions, or supplementations to existing information made as indicated.

- Appointments were made with the researchers at the University of Pittsburgh who had visited about two dozen of the programs for pregnant girls that responded to their survey. The researchers were asked questions related to organization and quality of those programs' major components (health, education, and social services).

Transformation of Information

After the needed data had been collected, the project director, the research assistant, and the writer assigned to work on materials production scheduled a series of sessions in which concepts in the field were examined, supportative materials were reviewed, and a mental synthesis of the state of the art was made. Samples of various materials prepared by others were collected and examined for applicability. For example, a number of 'questions and answers' pamphlets, 'how to' booklets, etc. were obtained. Finally formats and the amount of content to be covered were agreed upon and assignments for drafting work given. A number of texts were produced.

In addition, the information gathered was used both orally and in written form in contacts at federal, regional, and state education levels. It was also used in replies to inqueries and requests for assistance from local communities.

Communication of Information

The methods used to communicate the information were multiple:

- Conferences. Information gathered was disseminated through project-sponsored conferences, such as the Florida State Conference on Improving Services to School-Age Pregnant Girls and the Ohio State Conference on Meeting the Comprehensive Needs of School-Age Pregnant Girls. It was also conveyed through meetings sponsored by others, such as: the Southeastern Interstate Project meeting on School Assistance to School-Age Parents, the Quality of Life Conference sponsored by the American Medical Association, a meeting of the Council of Chief State School Officers, and so forth.

- Meetings. Material was conveyed through meetings with individuals (such as the immediate Past President and the President of the Council of Chief State School Officers, the Director of the Federal Inter-Agency Task Force on Comprehensive Programs for School-Age Parents) and through meetings with groups (such as federal regional office representatives from various H.E.W. divisions).

- Briefing Sessions. Knowledge was also passed on through briefing sessions such as those given before the Federal Inter-Agency Task Force and its sub-committees.

- Newsletters. Information was disseminated through the Project's newsletter, Sharing as well as those of other organizations such as the National Alliance Concerned with School-Age Parents.

- Reports. Information was supplied to those preparing reports such as the Rockefeller Commission on Population for use in their final publication.

- Mailings. Information was sent out to various groups such as the chief state school officers and state board presidents, the federal regional office education heads, and so forth.

- Correspondence. Correspondence was initiated with individuals and groups to convey information known or thought to be useful to their efforts. For example, the Minnesota Council on Illegitimacy was furnished a copy of the U.S. Office of Education policy statement on educating pregnant girls.

- Technical Assistance Activities. Requests for technical assistance in which the information developed through the grant could be helpful were handled by phone, in person, and through the mails as was appropriate.

- Speeches. Information developed was also disseminated in speeches. For example, some of the material was used in the keynote speech opening the first annual meeting of the California Branch of the National Alliance Concerned with School-Age Parents. (Speech given by project director).

RESULTS

The overall thrust of the research utilization and information sharing effort this report describes, as has been mentioned, was to achieve national change in educational policies and practices toward school-age pregnant girls and promote the development of comprehensive continuing education programs for them. The first phase, undertaken during the grant year, involved working closely with federal regional and state level education officials to build a firm base for launching dissemination and utilization of material among local communities (the second phase).

The First Objective

The first specific objective of the project was to assist the U. S. Office of Education in encouraging nationwide development of comprehensive continuing education programs for school-age pregnant girls.

A primary undertaking in this area was to perform consultative services in formulating and disseminating an Office of Education policy statement through which the U. S. Commissioner of Education would advocate continuing education for school-age pregnant girls and urge educators to take the lead in organizing and coordinating comprehensive programs.

In October 1971, the project prepared a draft statement to that effect for the Commissioner. The Commissioner formalized this statement in November in a message to the first project-sponsored state-wide conference on the provision of services to school-age pregnant girls. The message was read to the over 400 conference attendees. (See appendix).

The statement was then refined and expanded and in February sent by the Commissioner to the Deputies, Associate Commissioners, Assistant Commissioners, and Division Directors of the U. S. Office of Education. In particular, the Commissioner urged them to examine their own resources and those of the programs with which they worked to give all possible support to the national effort to improve services to school-age pregnant girls. (See appendix).

In late February the statement was prepared for outside distribution and wide distribution has been given it by the project. For example, a copy of the statement was made available to the Rockefeller Commission on Population and was quoted in the final report. The statement was reprinted in the project's newsletter Sharing which has about 20,000 readers. The statement was made available at the American Medical Association's Quality of Life Conference to over 1,000 attendees. It was passed out to attendees at the Council of Chief State School Officers' Meeting in Atlantic City in February by their President. It was also made available as part of the responses to requests for technical assistance received by the project from school systems and other groups throughout the United States.

Another primary undertaking was communication with the Federal Interagency Task Force on Comprehensive Service Programs for School-Age Parents along with federal and regional Office of Education staff.

The Federal Inter-Agency Task Force on Comprehensive Service Programs for School-Age Parents was established in late January 1972 to coordinate federal efforts with respect to improvement of services to school-age pregnant girls. Represented on the Task Force are almost all the agencies of the Department of Health, Education, and Welfare that have some kind of interest in programs for pregnant school-age girls. A number of large agencies, such as the Office of Education, also have divisional representation. Several briefings were given before the Inter-Agency Task Force as a whole and materials were supplied to them. Meetings on at least a bi-monthly basis were held with the Task Force Director to provide consultation and jointly work through plans and strategies. The Task Force Director was invited to attend a wide variety of project-sponsored activities from planning committees and small workshops to larger conferences. Staff members set up program site visits for the Task Force Director as well as meetings with organizations in the field whose concerns overlap those of the Task Force (for example, the American Medical Association, the March of Dimes).

A letter indicating the project's interest in improving services nationwide to school-age pregnant girls was sent to the federal regional educational officials in January. Follow-up visits (for the most part in the company of the Director of the Federal Interagnecy Task Force) were made to a good number of the regional offices to discuss in person the thrust of the federal effort and the state conferences that the project plans to hold. Background materials were also sent to the regional offices and a continuing communication was begun using as one strategy, the project's newsletter, Sharing. As a result of these visits and the materials distributed along with involvement in state conferences, a number of the regional offices requested further information on their problem in their region. Some planned surveys. Most indicated an interest in how further they might begin to work on the problem and cooperate more closely with the Task Force and the project.

As has been mentioned, briefings were given before various Office of Education personnel through the mechanism of the Inter-Agency Task Force. Special consultative services were also provided directly to the Office of Education divisions. For example material and information was provided at the request of a Title VIII official in relation to the operation of infant day care for young mothers in a school setting. In addition, special information for various Office of Education jurisdictions was channeled through the Inter-Agency Task Force Director.

The Second Objective

The second major objective was to encourage state boards of education and state education agencies to improve comprehensive service programs for school-age pregnant girls.

Efforts were made to reach the state education agencies through the Council of Chief State School officers. A meeting was held with Dr. Floyd Christian, the immediate past president of the Council of Chief State School Officers in January. Dr. Christian recommended the commissioners or their aides in his region be reached through a regional meeting of the eight southern states. To achieve this, he offered to schedule a "fly-in" conference on School Assistance to School-Age Parents to be held in conjunction with the Southeastern Interstate Project. Dr. Christian personally invited each of the southern commissioners of education to the meeting and through three different notifications urged them to be represented. The conference was held April 24th in Atlanta. Approximately two dozen state representatives from the eight states were present including two commissioners of education. Dr. Floyd Christian gave the opening speech. The U. S. Deputy Commissioner for School Systems, Duane J. Mattheis, gave the main address. The Director of the Federal Inter-Agency Task Force, Mr. Stan Kruger, also spoke. A panel consisting of a southern school system superintendent, a southern school system area superintendent, a director of a state-wide program for pregnant girls and the coordinator of a large southern city school program for pregnant girls discussed problems of, and practical solutions to, providing services to school-age pregnant girls.

As a direct result of the meeting, the Commissioner of Education in Alabama requested the project help the Alabama State Office of Education organize a conference focused on school-age pregnant girls. This conference is now in the planning stages. The representatives from the education departments in Tennessee and South Carolina also expressed interest in state conferences. Follow-through with the other states represented at the meeting is still in process.

A meeting was held with the President of the Council of Chief State School Officers, Dr. William Sanders. The strategy of regional conferences of chief state school officers or their aides was discussed with him. Despite some initial enthusiasm on Dr. Sanders' part for such an approach, it was eventually decided when he indicated a regional meeting in his area was not possible, to proceed with a national invitational conference as proposed in the grant request. However, Dr. Sanders agreed to and did raise with the chief state school officers at the meeting in Atlantic City in February concepts surrounding the new thrust toward improving services to school-age pregnant girls. Copies of Marland's memorandum on pregnant school-age girls were distributed by him. Dr. Sanders also assured the project of the cooperation of the national office of the Council of Chief State School Officers and put us in touch with the Executive Secretary, Byron W. Hansford.

Planning for the national invitational conference for chief state school officers or their representatives and presidents of state school boards was undertaken in late spring. Dr. Hansford, as promised, participated on the planning committee for the national meeting. Unfortunately responses to invitations to the national meeting

were limited due to crowded calendars at the end of the year. This led to cancellation of the conference. However, since several chief state school officers indicated an interest in attending personally, and others indicated that they would like to send an appropriate representative to such a conference in the future, an attempt will be made to hold this conference again in the fall provided appropriate funding is available.

Limited direct attempts at individual state involvement were also made by the project. For example, through the two state conferences held during the grant year under separate funding, an attempt was made to involve and follow-through with State Departments of Education (Florida and Ohio). The results of the contacts with the Florida State Department of Education were obviously very positive in that the Florida Commissioner of Education, Floyd Christian, then took responsibility for urging his colleagues to take action in their states and arranged the "fly-in" conference for the project. In Ohio a follow-through meeting with the State Department of Education is set for the very last week in June and they have expressed an interest in taking a leadership role in developing services in that state. Consultation was provided on request to the Delaware State Department of Education and the California State Department of Education.

The Third Objective

The third objective was to prepare basic materials which could be used to provide guidance to organizers and developers of comprehensive programs for school-age pregnant girls. The three main materials prepared were:

- A pamphlet providing an overview on the subject of school-age pregnancy and what can be done about it, entitled: Questions and Answers on School-Age Pregnancy.

- A text on how to provide comprehensive services for school-age pregnant girls, entitled: Beginning a Program for Pregnant School-Age Girls.

- A report on funding sources utilized by local communities to support comprehensive service programs for school-age pregnant girls, entitled: How Communities Finance Programs for Pregnant School-Age Girls.

There are no other materials in the field approximating these in any way. As a consequence, they are expected to be able to fill the major void that now exists for sound informational materials. Plans are underway to provide them to state education agencies, federal and regional offices, and, in particular, to communities who request technical assistance from the project. These materials are expected to be a key part of the background information provided participants in the forthcoming state

conferences focused on improving services to school-age pregnant girls. The printed versions of the materials will be ready for distribution sometime in July. The typed texts can be found in the appendix.

Another material prepared to be made generally available is a discussion of state and local laws and practices (see the next section.)

The Fourth Objective

The fourth objective was to identify effective alternative models for delivery of services to school-age pregnant girls.

The results of the inquiry regarding model state laws and state and local policies led to preparation of a pamphlet, entitled: "A Discussion of State Laws and State and Local Policies as They Relate to Education of Pregnant School-Age Girls". (Seeappendix for text). In this pamphlet, key considerations in establishing laws or policies are explored and the interweaving of laws, policies, and practices indicated. Examples of actual laws and policies are included. With this as a guide, hopefully, states and local communities will be in a better position to tailor laws and policies to their own situation as they attempt to improve opportunities for pregnant school-age girls. Since the formally printed version of this pamphlet will not be available until July, its impact is not measurable at this point. However, recent interest and the number of communities and states considering changes in administration policies and practices and laws indicate that this will be a most useful publication. (An example of this trend are states such as Florida and Michigan which recently changed their state laws, and communities such as St. Louis and Chicago that recently revised their local policies).

The results of the inquiry regarding examples of effective comprehensive service delivery to school-age pregnant girls led to a preparation of a text describing alternative models. The complexity of looking at delivery models with at least three basic components (health, education, and social services) and often as many as five or six additional identifiable ones, however, made it difficult to use entire programs as examples. This is particularly true since there were at least three strongly identifiable subtypes in each of the major component areas. Therefore it became apparent that the most effective way of looking at models was through an examination of individual components and the subtypes in each. In the text, therefore, advantages and disadvantages of the various subtypes in each component are reviewed in terms of the girl, the provider of service, and the ease with which the component subtype can be made part of a comprehensive service program. The text is included as an appendix to this report.

CONCLUSION

Efforts at achieving national change have been effective in that a new federal education policy with respect to school-age pregnant girls and young families has been developed and disseminated. This and other information has been shared with education officials on both a federal and regional level and mechanisms for ongoing communication and consultation developed.

On a state education level, the chief state school officers have been reached through their own meeting. They have received a mailing of background materials. Leadership has been picked up to some degree by individual state education agency officials themselves in that they have not only attempted to promote the improvement of services in their own states but have urged others to change policies as well. Some state officials in education departments have been reached through a conference focused solely on school-age pregnant girls. An effort to reach all state education officials through a conference methodology remains to be made.

Useful materials have been prepared that will enable the project, the Federal Inter-Agency Task Force on Comprehensive Service Programs for School-Age Parents, and education officials on federal, regional, and state levels more effectively aid those who wish to establish comprehensive continuing education programs for school-age pregnant girls.

RECOMMENDATIONS

The research utilization and information sharing effort this report describes is focused on achieving national change in educational policies and practices toward school-age pregnant girls and promoting the development of comprehensive continuing education programs for them. During the first phase reported on in this report (Phase I) the project worked closely with federal, regional, and state level education officials to build a firm base for launching dissemination and utilization of material among the local communities (Phase II). It is strongly recommended that the project be refunded for Phase II which is critical to achieving the overall national goal. Only in this manner can the overall project goal (and the goal specified in Secretary Richardson's Action Memorandum of Fall 1971) be reached. The Federal Inter-Agency Task Force whose Director is located in the Office of Education is also deeply committed to seeing that Phase II is carried out as a critical part of the Secretary's mandate.

APPENDIX

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

DEC 8 1971

Mr. Shelley Boone
Director, Division of Elementary and
Secondary Education
State Department of Education
Tallahassee, Florida 32303

Dear Mr. Boone:

I am pleased to send the enclosed message to the first State Conference on Improving Services to School-Age Parents to be held on December 9 and 10.

Sincerely,

S. P. Marland, Jr.
U.S. Commissioner
of Education

Enclosure

MESSAGE
TO THE CONFERENCE ON
IMPROVING SERVICES TO SCHOOL-AGE PARENTS

Every girl in the United States has a right to and a need for the education that will help her prepare herself for a career, for family life, and for citizenship. To be married or pregnant is not sufficient cause to deprive her of an education and the opportunity to become a contributing member of society.

The U.S. Office of Education strongly urges school systems to provide continuing education for girls who become pregnant. Most pregnant girls are physically able to remain in their regular classes during most of their pregnancy. Any decision to modify a pregnant girl's school program should be made only after consulting with the girl, her parents, or her husband if she is married, and the appropriate educational, medical, and social service authorities. Further, local school systems have an obligation to cooperate with such other State, county, and city agencies as health and welfare departments and with private agencies and physicians to assure that pregnant girls receive proper medical, psychological, and social services during pregnancy and for as long as needed thereafter.

Through a Federal Inter-Agency Task Force, the Office of Education plans to take responsibility for helping school systems and their communities work out programs to meet the needs of school-age parents. We will be coordinating the activities of other Federal agencies concerned with this subject.

The Office of Education is pleased that the State of Florida is acting as host to this conference on Improving Services to School-Age Pregnant Girls, one of the first in a series of nationwide State conferences. It is indeed an important event. I wish you every success in your deliberations and proceedings.

S. P. Marland, Jr.
U.S. Commissioner
of Education

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION

TO : SEE ADDRESSEES

DATE: FEB 3 1972

FROM : Commissioner of Education

SUBJECT: Comprehensive Programs for School-Age Parents

The Secretary, through his approval of the action memorandum entitled, "Promoting Comprehensive Programs for School-Age Parents," has designated the Office of Education as lead agency in an important Department-wide planning and technical-assistance effort to develop and promote a successful services integration model for meeting the problems related to school-age parenthood.

To accomplish this, we in the Office of Education are joining with our colleagues from appropriate units in the Office of the Secretary, the Health Services and Mental Health Administration, the National Institutes of Health, and the Social and Rehabilitation Services in the formation of an Inter-Agency Task Force on Comprehensive Programs for School-Age Parents. W. Stanley Kruger, Bureau of Elementary and Secondary Education, has been designated Task Force Director as of January 3, 1972.

This is an appropriate time for me to share with you part of my message to the Conference on Improving Services to School-Age Parents, recently held in Florida.

"Every girl in the United States has a right to and a need for the education that will help her prepare herself for a career, for family life, and for citizenship. To be married or pregnant is not sufficient cause to deprive her of an education and the opportunity to become a contributing member of society.

The U.S. Office of Education strongly urges school systems to provide continuing education for girls who become pregnant. Most pregnant girls are physically able to remain in their regular classes during most of their pregnancy. Any decision to modify a pregnant girl's school program should be made only after consulting with the girl, her parents, or her husband if she is married, and the appropriate educational, medical, and social service authorities. Further, local school systems have an obligation to cooperate with such other State, county, and city agencies as health and welfare departments and with private agencies and physicians to assure that pregnant girls receive proper medical, psychological, and social services during pregnancy and for as long as needed thereafter."

The needs of pregnant girls are but one aspect of our concern. Young fathers also require assistance to enable them to meet the considerable responsibilities which they have assumed. We shall continue to emphasize in all aspects of our concept of comprehensive programs for school-age parents, the problems, the needs, the resources, the processes, and the program activities which will serve both young women and young men experiencing or anticipating early parenthood. In so doing, we also serve the children involved, and intend to promote a more successful "services integration model" for them - a strengthened family structure.

Through the Inter-Agency Task Force, the Office of Education will take responsibility for helping school systems and their communities to meet the needs of school-age parents. There are implications, of course, for the obligation of school systems to provide all those whom they serve with the knowledge and skills required by those who would be effective parents in our complex society. Perhaps by focusing, in this special effort, on the dimensions of parent education required by those who need it most, much will be gained for all of us.

I am deeply aware of the many demands made upon you. I would urge you, however, to examine your own resources and those of the programs with which you work, and to give all possible support to this undertaking. If services integration is to work at the local and State levels, we must make it work at the Federal level as well.

S. P. Marland, Jr.

ADDRESSEES

Deputies
Associate Commissioners
Assistant Commissioners
Division Directors
Task Force Members

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

Feb. 29, 1972

U.S. COMMISSIONER OF EDUCATION'S STATEMENT ON COMPREHENSIVE PROGRAMS FOR SCHOOL-AGE PARENTS

Every girl in the United States has a right to and a need for the education that will help her prepare herself for a career, for family life, and for citizenship. To be married or pregnant is not sufficient cause to deprive her of an education and the opportunity to become a contributing member of society.

The U.S. Office of Education strongly urges school systems to provide continuing education for girls who become pregnant. Most pregnant girls are physically able to remain in their regular classes during most of their pregnancy. Any decision to modify a pregnant girl's school program should be made only after consulting with the girl, her parents, or her husband if she is married, and the appropriate educational, medical, and social service authorities. Further, local school systems have an obligation to cooperate with such other State, county, and city agencies as health and welfare departments and with private agencies and physicians to assure that pregnant girls receive proper medical, psychological, and social services during pregnancy and for as long as needed thereafter.

The needs of pregnant girls are but one aspect of our concern. Young fathers also require assistance to enable them to meet the considerable responsibilities which they have assumed. We shall continue to emphasize in all aspects of our concept of comprehensive programs for school-age parents, the problems, the needs, the resources, the processes, and the program activities which will serve both young women and young men experiencing or anticipating early parenthood. In so doing, we also serve the children involved, and intend to promote a more successful "services integration model" for them - a strengthened family structure.

The Secretary of Health, Education, and Welfare through his approval of the action memorandum entitled, "Promoting Comprehensive Programs for School-Age Parents," has designated the Office of Education as lead agency in an important Department-wide planning and technical-assistance effort to develop and promote a successful services integration model for meeting the problems related to school-age parenthood.

To accomplish this, we in the Office of Education are joining with our colleagues from appropriate units in the Office of the Secretary, the Health Services and Mental Health Administration, the National Institutes of Health, and the Social and Rehabilitation Service in the formation of an Inter-Agency Task Force on Comprehensive Programs for School-Age Parents.

Through the Inter-Agency Task Force, the Office of Education will take responsibility for helping school systems and their communities to meet the needs of school-age parents. There are implications, of course, for the obligation of school systems to provide all those whom they serve with the knowledge and skills required by those who would be effective parents in our complex society. Perhaps by focusing, in this special effort, on the dimensions of parent education required by those who need it most, much will be gained for all of us.

S. P. Marland, Jr.
U.S. Commissioner of Education

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INFORMATION
SERIES #1

Beginning A Program For Pregnant School-Age Girls

Prepared by the
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by
Marion Howard
and
Lucy Eddinger
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Foreword

The development of community-based comprehensive service programs to meet the needs of pregnant adolescents living at home is fairly recent, having been started in the 1960's. Even though many communities throughout the United States now have such programs, organizational structures and program formats are still evolving in new and creative ways.

There is no single program model. Each community in its own way is working out how best to pattern its services. In smaller cities this can mean one program; in larger cities it can mean several individually sponsored programs or five or six centers operating as the divisions of one program. Some programs may be school-coordinated, others health department-or hospital-coordinated, still others may be coordinated by a public welfare department or a voluntary social service agency. Most frequently, a number of community organizations participate—often as many as five or six. The agencies most likely to be involved are school systems, health departments, and voluntary or public social service agencies. YWCA's, community action groups, churches, and universities, as well as others may also be represented.

Despite their varied auspices and individualized funding patterns, however, all the programs have at least three common service components. They offer:

- early and consistent prenatal care
- continuing education on a classroom basis
- counseling on a group or individual basis.

The goals of the programs are to serve the whole girl. If one of these components is missing, a program cannot be considered comprehensive. However, in the majority of programs, it is important to note, these three service components are considered basic program requirements, while additional important services may include: infant day care, services to young fathers, vocational training and placement on a part-time basis during school completion and so forth.

A Comprehensive Service Program

Provides These Services:

accredited education
vocational counseling
vocational training
vocational placement
abortion counseling
prenatal care
postpartum care
interconceptional care
birth control
pediatric care
health education
continued casework
psychiatric treatment
psychological testing
group counseling
legal counseling
legal services
adoption counseling
adoption services
leisure time activities
living facility during pregnancy
living facility after childbirth
financial assistance
services to baby's father
services to girl's family
services to baby's father's family
care of infant

To Meet These Needs:

educational
vocational
health
social
practical

To Achieve These Goals:

competent parenthood
good health of mother and infant
high school graduation
maturity and independence
stability of family life
no further childbearing "at risk

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How To Start a Program

If a program is to come together in a meaningful way, it takes a great deal of imagination, planning, and an extra measure of dedication. Essential to successful initial planning are the following:

- Know the subject area — have facts and figures that will convince reluctant community leaders to do something about the problem of school-age pregnancy. Anticipate their objections and be ready and able to counter arguments against helping.
- Know the community — its power structure, its resources, its laws, rules and regulations.
- Have a plan — know who should be involved, why, when, and how: have a method and timetable for involvement. In particular, know what agencies and individuals must be involved if the program is to be set up, and which ones must be involved if the program is to grow and improve.
- Know the population to be served. Make sure that the program developed is based on goals, and that the strategies worked out are aimed at achieving those goals for that population group.
- Know who can advise on obtaining funding — local, state, and federal sources.

Who Can Help a Program Get Started — Anyone

Most often all it requires is one aggressive interested person to take the initiative or to push an agency into action. This person may be a school teacher or a school superintendent, a public health nurse or a county health director, a private citizen, a leader in a YWCA program, a university obstetrician, a Community Action

Program worker — anyone who cares enough about the problem to do something meaningful. The critical factor to remember in setting up a program is that it usually requires the successful involvement of others. And involvement of others includes the giving and sharing of responsibility. It may take thrusts upward or downward or sideways through institutional and community structures to eventually involve all the needed people, but it is the dedication of first one and then a number of people that generally results in program establishment.

Know the Subject Area

Convince With Numbers

Facts and figures are powerful tools. There are two kinds most useful in convincing others about the problem. The first are those related to the size of the problem, and the second are those related to the effects of the problem.

To find out the size of the problem, it is necessary to have some practical definition that will allow a reasonable assessment of the numbers involved. The definition most commonly used is that of girls who give birth under the age of 18. Although this may not include all young mothers who have not yet graduated from high school; it does coincide with an age range in which very few of these girls would have graduated. Using under age 18 as a definition is also useful for other reasons. Girls who give birth under age 18 are known to be biologically at risk for childbearing. Further, most young women under age 18 are legally and economically dependent.

Health records are probably the most helpful in determining actual numbers. For a variety of reasons, including the responses given by the girls themselves, schools are not able to give accurate figures on the number of girls who drop out because of pregnancy. Their estimates are generally so low as to be quite misleading. Although both public and voluntary social service agencies should be able to determine the numbers of pregnant school-age girls in their caseloads, there are limitations to this information as well. The welfare figures are based on families receiving AFDC (Aid to Families with Dependent Children) which include a pregnant teenager or young mother. Voluntary agencies, although serving mostly non-AFDC cases, for a variety of reasons are often reluctant to give out data. Nor do all girls necessarily receive services from social/welfare agencies. Indeed a substantial proportion probably do not.

Thus, as has been stated, the most reliable figures generally are gained from health departments. Vital statistics records should tell the number of girls giving birth. (Such figures may at times be gathered from individual hospitals as well.) If possible, it is best to obtain birth figures by single year of age of mother rather than by age groupings and regardless of marital status. Since 60% of school-age pregnant girls nationally are married by the time the child is born, relying on illegitimate birth figures will greatly underestimate both the problem of "illegitimate conceptions" and school-age pregnancies. Further, experience shows that married girls (whether they marry before, during, or after the pregnancy) need comprehensive services as much as do unmarried ones since they are also subject to increased health, education, and social risks.

If statistics can be obtained by single year of age, it can have several advantages. For example, when talking to school officials, it may be important to be able to indicate the number of pregnant girls under age 16, since according to most state laws, that age group is considered to be of compulsory school age. Because the health risks increase in direct relation to the youth of the mother, specific age is important to health officials as well.

At times statistics will be issued only in five-year age groupings (births to girls under age 15, then births to women age 15-19, etc.). Since most 19-year-olds and a proportion of the 18-year-olds will not be in school, it will be necessary to use estimating procedures based on national or other available data to find out what the number of those under age 18 is likely to be. Local figures can always be backed up by both state and national figures to strengthen the case. Here, rates may be particularly helpful. In other words, rather than having all the local data, it is possible to use facts such as "1 out of every 10 girls in the United States will give birth before reaching the age of 18," thus also indicating the substantial problem confronting the community.

Precise figures are not as essential when dealing with agencies already concerned about or serving young pregnant girls as they are when speaking with agencies that usually ignore the problem. If the program is to be a very small program or one based on a target population (Model Cities, for example), the need for extensive figures will be lessened. Sound figures, however, will be needed for citywide planning. When planning for rural and county areas, rates of school-age pregnancy may be the most useful. Although the numbers may not seem substantial, if it can be indi-

cated that in proportion to the population size there are just as many pregnant girls in those areas as in city areas, it can be a meaningful argument for provision of services. Eventually, of course, a sound estimate of numbers will be needed for program planning in those areas, too.

Convince With The Effects Of School-age Pregnancy

National data or data from other specific research studies, with respect to negative outcomes of early childbearing may be easier to obtain than local data. Here it is useful to be prepared to talk about all the risks of school-age pregnancy — health, educational, social — but to tailor arguments to the person to be convinced. Sometimes people are concerned about how it affects their area of interest — school people may be interested in the dropout problem, social service persons may be concerned about factors influencing stable family life (for example, divorce rates, single parent households among this group), health people will be interested in fetal and infant death rates, and so forth. However, within such general professional groupings, types of people also should be considered.

Some people may respond better if the emphasis is placed on humanitarian aspects of the problem. Case examples of the negative personal consequences for unserved individual young parents may go a long way toward gaining their support for a program. Some may be interested in a reasoned, factual approach. They may want information on risks and how they can be reduced through service. Others may be dollars-and-cents people and information on the tax costs of supporting an under-educated unwed mother who repeats pregnancies and becomes a lifetime dependent of the community, may do the most to convince them of the merit of effective services.

Know the Law

In program planning, it is important to be knowledgeable with respect to state and local laws, as well as policies and practices. For example:

- Does the state education law exclude pregnant girls from school?
- Does the state education law put pregnant girls in the category of special students during pregnancy, and as such, should the school system make educational provisions for them?

- Can girls be examined for pregnancy without parental consent?

Many community organizers seem to feel that the system cannot be changed before starting a program, but that a program can be started and through it the system may be changed. One of the goals of programs, they stress, should be changing the broader service system so it can function more effectively.

Occasionally, a community organizer may find a law has to be changed, if not prior to beginning program operation, then soon after. For example, a law enabling the licensing of group infant day care facilities within the state may be needed; very few states have such laws. More often, however, it is policies that have to be modified. In the great majority of instances, practices must also be affected. Being familiar with the main obstacles to program organization or functioning and their basis in the existing system of policies, practices, and laws, is essential to action. Members of the local legal aid society and representatives of the American Civil Liberties Union (ACLU) may be helpful in clarifying and/or obtaining interpretations of existing laws. They can also test current implementation of the law or, if necessary, advise on how to legally circumvent or change laws.

Be Prepared on the Moral Issue

Another obstacle often comes in the form of moral objections. Indeed, almost without exception, every community organizer has, at some time or another, to deal with this problem.

The basic argument, regardless of how it is phrased, deals with the fact that pregnancy at a young age is socially unacceptable. It is clearly not a "wed" vs "unwed" issue since, for example, young married pregnant girls are excluded from school just as readily as unmarried ones. Society's response (which underneath is based on the idea that the offender must be made an example of as a means of prevention) is hostility towards the offenders most often combined with punishment. To eliminate the punishment is equated with rewarding and encouraging such behavior which in turn, it is assumed, will undermine prevention.

Three ways of combating negative attitudes and opinions are: 1) to find common grounds of agreement, 2) to define alternative solutions, 3) to overcome or reduce other objections through facts, reason, and friendly persuasion. For example, it may well be that some common grounds for agreement are that: a) When young girls become pregnant it is not good for them or their families or

their community. b) The reality, however, is that some young girls do become pregnant and the question is where to go from there.

Next, one might find further agreement on the fact that there are alternative courses of action. These, for example, might be: a) to punish school-age pregnant girls in the hope that it will serve as an example to them and to others, b) to do absolutely nothing, or c) to help them in the hope that it will be of benefit to them and to the community.

If agreement can be reached after an examination of the questions and possible alternatives, then it may be possible to begin to overcome or reduce objections to serving this population. For example, if there is agreement that one course of action is to punish them in the hope that it will serve as a lesson to others (forcing a pregnant girl to leave her regular school), it is fairly easy to point out that this is what communities have been doing for years and the numbers of school-age pregnant girls has not decreased; instead they well may have increased. Further, one might point out that this particular method of punishing them (denial of education) may not only be a denial of the girls' rights but it is also one that damages both them and society through increasing their chances of unemployment, or underemployment and thus welfare dependency. One might also add there is no evidence that allowing pregnant girls to associate with their peers has increased the rate of pregnancy; in fact, there is some evidence it may have decreased it.*

Have a Plan for Involvement of Others

Most often the development of comprehensive service programs does not require building a new agency or system, but rather requires the utilization of existing resources, perhaps with some redistribution or reallocation. This involves reorganizing resources to deliver services where previously there have been no services or inadequate services. Whether a program starts through the advocacy of a single individual, a church, a school system, a health or a welfare agency, it is important to remember that in most cases total community involvement eventually will be necessary in order to provide the network of program and supportive services needed to accomplish long-range program goals. To look at formation of a program from the point of view of one agency

* Waters, James L., Jr., M.D., *The Atlanta Adolescent Pregnancy Program* (Director's Report) June 1, 1968-June 30, 1971.

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providing all services in a central site through central cash funding may limit the planner's ability not only to conceptualize a program but to implement it as well. By starting with the consideration of what agencies in the community might be called upon for participation the doors to better planning may be opened.

Obtaining Commitment From the Professional Community

In trying to educate and involve the professional community, it may not be possible to win the support of a whole group, community organizers note. For example, it may not be possible to reach an entire local medical society. However, winning the support of a few key doctors in the community will go a long way toward accomplishing the stated goals. Community organizers point out that visits to local ministerial alliances, teaching hospitals, social agencies and other involved groups is valuable as a means of building a needed base of support before beginning a program. Such activities may also help clarify aims.

One community organizer indicates that she tries to get on the board of an agency she wishes to involve, or at least tries to establish some meaningful service relationship with them, before involving them. She feels the reciprocity gained is worthwhile even though this, as well as the other mentioned efforts to establish professional community support, may take several months.

In dealing with professionals, community organizers stress talking in specifics rather than generalities, and being clear about their area of interest and what it is they can do. Do not assume an agency cannot or will not contribute. Touch base with the existing power structure, and if turned down by them, go on from there. The initial approach, however, is critical. Community leaders advise that it should not be done with accusations. They suggest, "Don't accuse people of not doing what they are supposed to have been doing. People's feelings are sensitive about what they haven't done." They stress approaching it as "A community problem for all of us — how can we work together on it?" Getting the other person to say that things need to be changed is a helpful beginning.

Sometimes an initial team approach involving, for example, a doctor, a social worker and an educator is an effective way of gaining professional interest in the program. Individual team members may talk to members of their own disciplines or they can make joint visits to the various professions. Sometimes it is helpful to pick a particular agency and ask them to break the ice with the other agencies. In such cases, community organizers recommend

picking an agency that has a valid interest in the subject but poses little threat to other agencies. For example, a health care agency can convince the school system that pregnancy is an important issue but that it is neither an illness nor a factor that should interfere with education.

Education and Involvement of the Lay Community

Community organizers emphasize the importance of educating and gaining the support of the lay community. One community organization person describes this process as going on the "fried chicken and green pea circuit." Indeed men's luncheon clubs and women's groups usually are eager for speakers. Community organizers say that it is generally better to talk with the lay people after conferring with the professionals so that they do not think they are being asked to agree to something in which there is no interest. It is helpful to carefully outline how the problem affects their area of concern, and also to suggest a specific role that the group can play. Not only can these groups help through giving services or funds, but their support is often useful in convincing a reluctant agency official that the program has community support. In approaching lay groups, one community organizer suggests that if the group appears to have feelings of hostility or negative attitudes toward pregnancy in adolescence, try talking first about the baby. This, she says, generally neutralizes the discussion and allows them to see the problem from a fresh perspective.

Beginning Organizational Efforts

Programs are usually set up with one agency or organization acting as the "anchor agency." That is, one agency takes responsibility for the involvement and coordination of other agencies and services. It may be an independently incorporated group, a school system, a hospital, a health department, a social service agency, and so on. The organization and type of community involvement will depend largely on how many of the needed services the anchor agency can provide, either through direct on-site delivery or through cash purchase of services in the community. If the anchor agency is dependent on other community organizations to contribute many of the needed services, more involvement in the planning and organization of the program may be necessary. Contribution of services is usually done on an "in-kind" or "donated" basis and services may be given at either a program site designated by the anchor agency or in the contributor's own facility.

Regardless of how the program is structured, it is best to remember that it is almost impossible to impose a program on a professional community or the consumers and expect it to be successful. One must take into consideration community groups and coalitions, especially in inner city areas. Including other agencies, groups and professionals in both the planning and implementation of the program allows them credit and honor, and strengthens their investment. If they are involved, they are anxious to see the program succeed. At the same time, community organizers stress the need to be practical and to know why agencies commit themselves — Is it to join the bandwagon? Is it because serving pregnant girls may enable them to obtain additional funding? As these organizers point out, support can come and go and it is wise to be prepared. Involvement of pregnant girls in program planning is also important as they can provide a unique perspective.

Specific approaches used to start programs include:

- One agency may begin the program by offering the specific services it can provide, and then, as needed, either seek specific funding to provide additional program components or draw in other agencies to provide them. This has been a successful approach.

- A group of agencies may be invited to an initial meeting or, more frequently, to a series of meetings, to work together on how a program might be jointly set up and structured — each agency being expected to contribute some services. This still requires that one agency call the meetings, however, and eventually either they or another agency must house the administrative or coordinative aspects of the program. As has been mentioned, before inviting the agencies to such a meeting, it is a good idea to call personally on each agency expected to cooperate. See the executive director and talk with him — even better, be invited to a board meeting. Set up some kind of relationship. This joint-agency approach is probably the most frequently used and the most successful.

- A community forum may be held with key agencies called upon to testify about what they are doing or could do. Because of the possible hostility this method may stir up, it has not been as successful as some others.

- A study committee may be formed to identify the problem and decide what community resources are needed and how they can be used to effectively deal with it. The committee then formulates an action plan which it recommends for adoption by the community or particular parts of the community. One technique

used by these study groups is to send a questionnaire to various agencies asking their opinion about the problem and possible solutions. Although not all community planners recommend the questionnaire method, some indicate that it starts people thinking. Sponsors of study groups may vary from health and welfare councils, to community agencies, to a church group, the Parent Teachers Association, or a private service sorority. Although several programs have been started this way, many communities have been unable to move from the study and recommendation phase to implementation. This often happens because a study committee has no vested authority — the community may choose to ignore its recommendations. By the same token, study groups are generally passive, often terminating their efforts at the end of the study, rather than continuing to follow through in a meaningful action role.

Know the Population To Be Served

Throughout the fact gathering, data assessment, and beginning organizational stages, an important factor to be kept in mind is the population to be served.

- Is the population from a hard-core poverty area or an area of mixed income levels? If so, what implications does this have for health care?
- Is the population made up largely of minority groups? If so, should special consideration be given to cultural differences and preferences?
- Is the population urban or rural? If rural, transportation may be an important factor to consider.
- Are many of the girls to be served under age 16? If so, they will be at greater risk educationally, socially, and medically, and will need special services.
- Do some of the girls fall into the dull-normal IQ range? Like nonpregnant dull-normal girls, some adjustment of their curriculum may be needed.

These and important other population differences affect program planning. It is therefore necessary to define not only the population, or probable groupings within the population, but also what is needed to serve each effectively.

Community organizers disagree with respect to how much of the total population of pregnant girls must be planned for initially. Some stress community-wide planning as the only way to assure that programs do not become token efforts, relieving community

conscience just enough to eliminate further program growth and improvement. They also maintain that all girls have a right to continuing education during pregnancy; to give it to some and not to others is not only in violation of that right but also discrimination of a serious nature. They further indicate that if the community is going to establish effective measures for dealing with the problem of early pregnancy it must be a systemwide effort.

Others stress that communities with a large population of pregnant girls may be too overwhelmed by the size of the problem to start a large program. They also point out that agencies may delay two or more years if confronted with large-scale planning. They feel that it can be effective to start out small and grow. They caution, however, that provision must be made from the very beginning for program replication or expansion so that within a relatively short period of time all girls can be well served. Without such provision, these community organizers point out, the program itself may attempt to block other program efforts in the community for fear of losing prestige, funding and/or support.

Make Sure the Program Is Based on Goals

In setting up program goals, it is useful to differentiate between goals, objectives, and strategies. This type of planning can help avoid the narrowly conceptualized program design that has had disappointing results in some communities. Many programs for pregnant girls began, for example, with the defined goal of providing continuing education on a classroom basis. Although this goal is often readily achieved, it has become apparent to program planners, operators and community sponsors that such a goal is too narrow, that it does not provide for the total short- and long-range educational needs of pregnant girls. Programs are now finding that differentiating among specific goals, objectives, and strategies enables them to more successfully meet educational needs. For example, the long-range goal of an educational program component is often high school graduation — that is, an assurance that neither pregnancy nor motherhood removes the girls from the educational mainstream. The short-range goal is to see that young mothers return to school following the birth of their baby. The program objective is to see that they do not drop out of school during pregnancy; and one method or strategy for doing this is to provide continuing education on a classroom basis.

With this kind of distinction, it is easier to determine what

additional strategies might be needed to achieve immediate objectives, and short- and long-range goals. For example, an additional strategy for meeting the objective of preventing girls from dropping out of school during pregnancy might be a home visit made by a social worker with the purpose of overcoming parental objections to a girl going to school while pregnant. Achieving the short-term goal of seeing that the girl returns to school following the birth of her baby might necessitate employing the additional strategy of finding someone to care for the baby while the young mother attends classes. Helping the girl to achieve the long-range goal of completing high school might mean developing a follow-through program to monitor her progress in regular school and help with problems or obstacles to school completion as they present themselves. This same differentiation between educational goals, objectives, and strategies should also be employed in the planning of health and social service program components.

Understanding what the intended goals really are will provide for building in options from the beginning, and options, community organizers maintain, are essential to meeting goals. They point out that there are a number of ways to accomplish the same thing and that programs must be flexible enough to take advantage of options open to them. No one solution is generally good for all girls, and if goals for the girls are to be meaningful, the program must be set up to employ several ways of helping girls achieve them.

As has been mentioned, in setting up goals and in working through objectives and strategies, it is important to involve the girls themselves in the thinking and planning. Often they can offer insights as to what would be most helpful to young mothers and their parents and this can help eliminate over-planning or under-planning. Young mothers and their parents can also be represented on an advisory board to see that the program is continually responsive to changing needs.

Securing Funds for the Program

It is important to remember that very few programs start with everything exactly as the organizers would like it to be — every program has some growing to do. Actual timing of a program's beginning will depend on community readiness, its stage of planning and funding. Some programs have been three years in the planning stage. Other community organizers state they just leaped in and

started the program, gathered support, and went on. Regardless of the variety of planning approaches, most programs initially have to deal with funding issues. Many continue to have funding problems as the program expands to serve more girls or as it begins to offer more services.

Funding for programs may be direct (cash funds) and/or indirect ("donated" or "in-kind" services). Most programs start with the local community, determining what cash is available. This can include funds from local private foundations as well as from community chests, community agencies — the anchor agency in particular — and other resources. They also determine what is available in the form of indirect funding or services. For example, the services of a public health nurse and an agency social worker may be donated to the program; prenatal care may be given at a special time to young mothers at the local clinic or hospital; teachers, books, and supplies may be furnished by the school system; church space may be donated to the program for classroom and headquarters. Relying on a combination of local direct and indirect funding, community organizers say, is probably the soundest way to start a program, and one that better insures long-term survival of the program.

Many programs, however, successfully seek state cash funds (reimbursement for the educational program through funding for the physically handicapped, for example). In addition, federal funds being administered at a local level may be tapped (for example, the Department of Housing and Urban Development's Model Cities program or funding from the Elementary and Secondary Education Act's Title I (education for disadvantaged children)). Other programs seek federal funds on a direct basis through research and demonstration grants. Community organizers point out some of the potential problems involved in using federal funding. They caution: "It can go away tomorrow." "It takes knowing how to write grant proposals — what to point out." "The program may have to be adapted or changed in order to get and keep such funding."

Program organizers maintain that because the package funding approach often must be taken (meaning combinations of cash and a collection of donated services), it is necessary to constantly reevaluate support for programs and seek renewals, additions, and substitutions. Thus, planning for funding is not something done only at the beginning of a program but is a continuous process. In starting a program, planners advise, don't be afraid to use old

books and old equipment. What is necessary and what is not so important will become clearer as the program develops. Further, the very fact of a program's existence, plus its demonstrated successes, will persuade many community agencies and organizations to cooperate or participate.

On a local level, funding advice probably can be obtained from various kinds of community planners, including those on the mayor's staff, on health and welfare councils, and in community chests. Community agencies often are very cooperative in suggesting resources within their own areas or in others. State agencies generally know their own resources and often also have information about what is available on a community level. The Maternal and Child Health Division of one state health department, for example, placed paid coordinators in several communities to pull existing community resources into a program for pregnant girls.

Federal regional offices are another useful point of inquiry not only for federal funds but also for indications of how other programs in the region manage funding. In addition, there is a federal Inter-Agency Task Force on Comprehensive Programs for School-Age Parents based in Washington, D.C. The task force is assigned responsibility for coordinating the efforts within the Department of Health, Education, and Welfare on this matter. It is also knowledgeable about programs outside HEW and can recommend organizations or other groups that can be supportive to programs.

Managing Publicity for the Program

Community organizers emphasize that the media cannot be controlled. If there is fear of bad press and the program is not strong enough within the community to survive it, they advise, "Avoid the press until the program is strong enough." If there is doubt about how a program will be treated, talk to the city editor to get some indication of press attitude. One program operator says that "Sometimes you get so happy and excited and believe so much in yourself that you make the assumption that other people will believe, too."

In some cases it may be useful to have a public relations person from a hospital, health department, or university, or someone in the community who is experienced in dealing with the press, handle publicity. By working through experienced people who have some established status, the program is more likely to be given favorable treatment. One community organizer points out

that in any publicity credit should be given to whomever is involved in the program so that they can feel good about it. In addition, she adds, they will be more likely to defend the program in public because they have been tied to it in public.

The media is not the only method by which a program may become known. Most program organizers advise developing a handbook or a descriptive brochure. Such a publication is useful in letting people know that the program exists and informing them of the services it offers. It can be given to referral sources and to cooperating agencies to strengthen and enhance professional communication and involvement. Program material may also be left in places where young people gather, such as YWCA's, YMCA's, teen centers, among others, so that young people in need of service, or who have friends needing service, may inquire independently about the program. Communities find that self-referrals comprise a surprisingly high proportion of program applicants. Finally, a handbook is a valuable means of informing both pregnant girls and their parents about the program and what is required of them should a girl decide to enroll.

Pulling Everything Together

With respect to program structure, two basic types stand out:

- The unincorporated program—generally based in an agency that also has other functions.
- The incorporated program—an independent structure with the sole purpose of providing services to pregnant school-age girls.

Both organizational structures allow for utilization and coordination of their own services as well as those offered to them by other agencies. However, each has distinct advantages and disadvantages.

The Unincorporated Program

This type of program is generally based in an agency with an established standing in the community. This gives the program the advantage of the agency's prestige which can lend it added backing and support. As part of the functioning system, the agency also can affect that system if necessary. For example, it can help make other parts of the community pick up responsibility for their share of the population of school-age pregnant girls. This assures that

fewer girls will be overlooked. It can also change its own practices as needed.

The unincorporated program also has the advantage of being less expensive. Not all cities can afford to support an independent program for school-age pregnant girls. It is often more feasible if a program is part of a larger agency.

Within the unincorporated program structure there are differences based on the identity of the anchor agency. If the anchor agency is one which traditionally provides for the health, education, or social service/welfare needs of the girls, the program itself will need fewer outside sources of support. On the other hand, if the anchor agency is a YWCA or a community action group, for example, it probably will need to obtain most of the basic services from others. The population to be served by the program also will be affected by the anchor agency. For example, health departments generally do not serve all girls since many receive private care. The same is true for social welfare agencies which do not automatically have all girls under care. The investment of these agencies in administering the program may, however, mean better or more appropriate health or social services to the girls they do serve. If the anchor agency is the school system, almost all the girls in the community will be under its general care if it choses to plan for them.

The one clear disadvantage of the unincorporated program, administrators point out, is that being under the auspices of one agency subjects the program to all the rules, regulations, concerns, and often the rigidity of that agency.

The Incorporated Program

This type of program has several distinct advantages. Because it is not tied to one discipline, all disciplines can be treated on an equal level. The program organizers do not have to answer to the school system any more than they do to the health department or the participating social service agencies. In addition, they can afford to be frank with a particular agency if it is not meeting the girls' needs without fearing the agency as their sponsor or that speaking out will create a conflict among traditional agencies. It also is possible to go over the heads of the agencies if necessary. Program administrators can appeal to the mayor's office, the city planning council, even people at the state level.

Administrators of this type of program also feel they have more freedom to use a variety of community resources since it is

not tied to any particular agency. Further, if they cannot get what they need without charge, or if they are not satisfied with the services they are getting, they can buy them from other available sources. An illustration of this might be a school system unincorporated program that is dissatisfied with the school lunch program. An independently incorporated program can bid for another lunch service that would be more appropriate and appealing to pregnant girls. Administrators of these programs feel, in general, that they can be more innovative, and that they have more freedom to experiment, to decide if something is not working and then make the necessary changes.

The one clear disadvantage that all incorporated groups point out is the constant struggle for money. Such programs are less likely to be recipients of community chest funds. Further, without the tax support agency-based programs often have, the incorporated programs face a never-ending battle to stay on top of the funding problem.

How to Bring in the Educational Services

If the school system is not the anchor agency, then the program will have to devise other ways to involve the school system in providing the educational services. The program can encourage the school system to provide teachers and equipment and supplies at a designated site such as a church building or storefront space, or it can make room for classes in the facilities of the anchor agency — health departments and hospitals in some communities have done this. The school system may appoint an educational coordinator on site (often the program's head teacher) or elsewhere, such as a principal in one of the high schools or the director of special education. That person takes some, if not all, of the responsibility for having girls transferred in and out of the program with a minimum of difficulty, and maintains liaison with the regular school system to see that credit is given for courses taken, and that the girls are academically up to where they should be when they return to regular school. Senior girls usually receive their diplomas from their home high school even if they remain in the special classes until graduation. Program administrators may also encourage the schools to allow girls to remain in their regular classes and then bring in special services in other ways — such as sending a social worker into the regular schools to act as a coordinator of health and social services needed by the girls.

If the school system is the anchor agency, it is possible that a

greater proportion of girls will receive educational service and that more educational options will be provided. The school system may, for example, permit pregnant girls to remain in their regular classes throughout pregnancy, or it may specify that around the seventh month girls should transfer to special classes, or it may require that from the time the girl is known to be pregnant she must attend special classes. The school system may itself provide these classes at a separate location or it may donate staff to special centers, such as those in hospitals or health centers serving girls. The school system also may offer a choice among the above. One negative aspect of being under the auspices of the school system is that the emphasis may be on education rather than comprehensive services.

Obviously, the length of time the girl is served varies not only among health, social, and educational components, as well as others, but, for example, within the educational program itself. Some administrators of special classes like to have the girl enrolled as long as possible. They believe it not only improves her attitude toward school (and possibly her accomplishments in school) but allows her to receive other services needed throughout her pregnancy and perhaps for some time following delivery. Because of space limitations or a philosophy of minimal disruption of regular school, other administrators are content to have the girls for a shorter time.

Girls may return to programs as early as one or two weeks postpartum and even transfer back to regular school soon after, although commonly they return to regular school from special classes only after their six weeks postpartum checkup. Sometimes program administrators wait until the end of a grading period or the end of the school year to transfer girls. Often this varies from girl to girl and the particular situation of each.

Community organizers stress that the rules for the program should be kept as broad and as vague as possible to allow maximum flexibility. For example, don't set a certain number of weeks postpartum for return. Instead, specify that return to school will be at the time most beneficial to the girls. This allows for follow-through on girls in the program as needed.

How to Bring in Health Services

There are two aspects of health services — health education and health services delivery. If the program is administered by the health department or a hospital, it is likely that both will be provided on-site in the clinics; or if continuing education classes are

housed in the same facility, health education may be provided in those classes while the clinics deliver health services. In some cases services delivered are specialized or expanded to meet the needs of pregnant teenagers. For example, they may include a special adolescent prenatal clinic, a tour of the labor and delivery rooms, and/or a special postpartum ward for young mothers. Some clinics may provide such special services even though they are not the anchor agency for the program.

If the program is under some other agency, health services may be integrated in a number of ways. Health education can be taught as a regular part of an extended curriculum by school personnel alone or with the help of outside health personnel (obstetricians, nurses, family planners, nutritionists, etc.). A nurse may be provided at the program site by the school system to coordinate health services, or a nurse from the Visiting Nurses Association or the health department can fulfill this role.

Occasionally a one-day-a-week or twice-a-month prenatal clinic is set up in the special school or the regular school facility. It may be open to all pregnant women in the community or only to pregnant girls enrolled in the school. Regardless of location of health facilities, girls are usually given time off from classes to attend prenatal clinics. If many of them attend the same clinic and a special time is arranged when they can go in groups, transportation is sometimes provided by the program.

How to Bring in Social Services

Social/psychological services are generally offered through a variety of organizations. If the program is under either the welfare department or a voluntary agency, casework services are usually available on site from those agencies. If the program is coordinated by another type of organization, welfare departments or voluntary agencies may place caseworkers on the program site, or they may establish in their own agency a special unit designed to serve the girls. If a program is under the school system, school social workers or school counselors may be assigned to coordinate and/or provide casework services to the girls, and to act as liaison between the program and the regular schools. Community aides are sometimes hired by the program to provide supportive social services. The public health nurse may also play a counseling role, and at times the social work services are delivered by medical social workers where the girl receives her prenatal care. Although some programs may not provide social work coordinators or on-site

caseworkers, most have someone on site who can refer girls to the appropriate community social service agencies.

Occasionally a program will have a male social worker whose specific responsibilities are to work with the young fathers helping them with such problems as job training, job placement, further education, housing, drugs, and so forth.

How to Bring in Other Services

Bringing in other needed services depends on the nature of the service, the facilities available, and whether the service can be donated or must be purchased. For example, some programs have found it necessary to either develop their own infant day care or affiliate themselves with an existing service that can care for infants. Some programs have found it necessary to develop hot lunch and morning milk programs. Some have found recreational activities are beneficial to the girls, and others have found it necessary to establish outreach programs to work with the families of the girls, a number of which may be multi-problem families.

Regardless of where additional services are offered—whether it is at the program site, at the anchor agency, or at the agency providing the service—they require skillful coordination. Someone must seek out the service in the community and then interest the providing agency in the program and in what it might contribute. On the other hand, if the services cannot be donated or do not exist, someone must seek out funding and then either purchase or set up the service. This kind of ongoing community development is essential to program growth. It is usually the responsibility of the program director, although occasionally the program's board may play a strong role in this area.

Program Administration

Because of the general nature of such programs, the variety of participating agencies, and the fact that a good portion of the staff is generally not paid through a central source, administration is often complex. Community organizers stress that, if possible, the program should reserve the right to approve or reject staff provided by contributing agencies. For example, they have found that too often the program can become a dumping ground for unsatisfactory teachers. Actually, these programs need unusually understanding teachers. Community organizers also point out that often staff donated by other agencies owe their primary loyalty to those agencies. It is important, therefore, to clarify where the super-

vision of such staff is to come from, and who decides whether action by those staff members is appropriate to program goals.

Even if there is strong direction from the program, professionals in individual disciplines need to maintain links to their own areas. Teachers like to attend meetings within the school system to avoid feeling detached and left out. Nurses like to participate in their own activities. Program planners and administrators also find that it is wise to have the professionals representing various disciplines in the program meet together to help with clarifying roles, understanding the girls and their problems and/or offering support to one another.

The program administrator or director may be a nurse, a physician, a social worker, a teacher, a principal, a director of special education, a community organizer, or none of these. Discipline, other than its importance to the anchor agency, may not be so important as the ability to conceptualize program needs and deal effectively with staff and the community.

Staff in the program should be people who have satisfactory personal lives. One administrator notes: "Balanced people are essential. It is unfortunate if a staff member's entire satisfaction in life comes from the program. Such a person is generally too needy himself to serve the girls effectively." Ethnic considerations in staffing are important, too. Girls should see members of their own race in leadership positions.

Finally, as has been mentioned, many programs choose to have a strong advisory board. This is not only a way for participating agencies to articulate their interests and concerns, but a board can offer the lay community and the consumers a voice in the program as well. Boards generally provide overall policy and planning for the program. Actual program operation and staff selection generally is left to the program director. The director may be nominated and appointed by the board or the anchor agency may select the person and subject his confirmation to board approval.

Record Keeping and Program Evaluation

In determining what kind of information or records are needed, program planners should ask themselves: What is the information for? Who needs the information? How should the information be collected?

Information may have a variety of purposes, such as:

- essential information needed to provide services

- less essential information, but valuable in helping to understand the girls and their needs
- information needed for broader purposes such as community planning.

An example of essential medical information might be whether the girl is allergic to any drugs, her blood type, and so forth. Essential information for a school system might be what grade the girl is in, what courses she has been taking, and so forth. Less essential, but valuable, information might be something about the girl's home circumstances — things that might interfere with her carrying out medical advice (for example, no money to buy special support stockings) or interfere with learning (for example, no place to study because of sharing a room with many siblings). An example of broader information needed for community planning might be that the girl knew about birth control prior to becoming pregnant but was unable to obtain it.

If all services are given under one roof, information can be centralized. If services are given in many different sites, most likely the information needed to render that service effectively will be collected on site. It is unfortunate, however, that the girl receiving services at several different sites often has to give the same information repeatedly. Not only does she have to give essential information, but program components often seek the same less essential though valuable information to give them a better understanding of individual girls. As a result, many girls are "turned off" and often become hostile or angry about the amount of information required by so many different people. They often feel it has nothing to do with the component's services. Even in the same center, program staff carrying out different functions may seek duplicate information.

Unfortunately, too, a certain professional voyeurism often is practiced on girls. The nutritionist may ask where she became pregnant; the social worker may ask if she or any of her siblings are illegitimate children.

As much as possible, programs are encouraged to have one central person gather essential information and any less essential information agreed upon by all the disciplines as generally necessary. Many times this function is carried out by the person responsible for program intake. Other information considered important to program understanding or community planning may be gathered either at intake or shortly after enrollment.

Unless the program is a research effort, attempts should be

made to keep information collected to the very minimum needed for effective operation. Staff time and respect for student sensitivity and privacy is too valuable to do otherwise. Arrangements should be made to share centrally collected information with those staff members on site and in program components with a need to know, thus eliminating duplication of information and subjecting the girl to repeated questioning.

Where possible, records should be centralized, although certain records may be filled out and kept by individuals. Generally this occurs if they have confidential information, such as social work records sometimes contain, or if the information collected is so specialized as to be meaningful and necessary to only certain disciplines, such as certain kinds of medical records.

Program Evaluation

Program operators are often confused by the difference between the terms follow-up and follow-through. Although they both have a relation to goals, follow-up is a method of measuring whether or not program goals are being met. Follow-through is a means to maximize program input in an attempt to see that they are met. Follow-through can have its own follow-up.

One cannot underestimate the value of both follow-up and follow-through. However, programs often put too much emphasis on follow-up when it would be more useful to concentrate on follow-through.

Follow-up is by and large a statistical process in which one traces individual girls after they have left main program activities to find out what happened to them — Have they graduated? Are they still in school or did they drop out? Did they have another baby almost immediately, that is, at risk? Did they marry, find employment, rely on welfare?, etc. This information is then tallied and a program may use these outcomes as measures of success against its goals (evaluation).

Follow-up often turns out to be disappointing because goals have not been thought through clearly and services have not been structured to meet them. Further, the goals of program services, community goals, and individual goals may differ. In order to get started, the program may have articulated community goals, but set up services to actually meet more limited goals, and ignored individual consumer goals. For example, a program may have been aware that the community wants to see that young mothers do not end up on welfare and it may have convinced the community that

high school graduation would be the most useful way to achieve that goal. The program set up, however, may provide only continuing education during pregnancy with no contact past the six-week postpartum checkup regardless of whether the girl has six months or six years to go to graduation. Consequently, follow-up results may be disappointing. Fewer girls who are young mothers may have graduated than had been planned for by the program.

Too often, in order to justify the results of follow-up to the community, a program may revise its goals after the fact. For example, a program may indicate its only responsibility is to the short-run goal of returning the girls to school, implying that what happens to them after that should be the concern of others. Unfortunately, the community's goal may be different and it may want to withdraw its dollars or put them into another program it feels might attain its original goal of preventing welfare dependency.

On the other hand, the program can retain the long-range goal of providing high school graduation. It can then use its follow-up to determine what was lacking in its services and what was lacking post-program. For example, if the main reason for lack of high school graduation was repeat pregnancies, should the medical component and follow-through support for use of birth control services be strengthened? If the program was weak in vocational and career education, should that service area be strengthened with added courses and job counseling and placement? If the reason was primarily lack of day care, should infant care services be developed or expanded?

It probably will be a combination of things and various program components will have to be changed or strengthened as well as more follow-through developed. At the same time, however, the program might also be forced to pay more attention to individual goals. It might conclude that high school graduation does not appear to be a realistic goal for all young mothers and as an alternative the program should develop plans that would enable such girls to become self-supporting much sooner, develop their homemaking skills, or whatever is appropriate.

Thus, statistical follow-up is only an evaluative tool to help programs rethink goals, and rethink program input in relation to goals. It is not an end in itself but only a process in program operation. Follow-through is an essential part of services and one that can make the difference in the extra effort that enables programs to meet goals.

A Final Word

Beginning a program for pregnant girls requires a good deal of thought, planning and plain hard work. The difficulty of the task will vary from community to community. In general, however, community organizers find that hard-core opposition is limited even though it is often quite vocal. On the other hand, there may not be a great deal of enthusiastic support for the program either. Generally, there is a vast middle ground consisting of those who do not have very strong feelings one way or the other. Given a clear explanation of what is being done, the people in the middle usually will either lend the effort some level of support or at least not block the action being taken.

Thus, the main task most often is one of focusing on the needs of the young parents and their infants and making sure they are, indeed, well served. Those who are accomplishing this say the rewards are well worth the effort.

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INFORMATION
SERIES #2

How Communities Finance Programs For Pregnant School-Age Girls

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by
Myra Holmes and Marion Howard
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Introduction

The following report on how communities finance programs for pregnant school-age girls is based on data taken from individual program reports, unpublished materials and correspondence, personal communications, site visits, a 1968 survey of programs for pregnant school-age girls and a 1970 study of group infant care programs associated with programs for pregnant girls. In particular, the authors are indebted to the Maternal and Child Health Section, Department of Public Health Practice of the University of Pittsburgh for use of data collected in their 1971 survey of programs for pregnant school-age girls (to be published).

A note of caution must be interjected, however, before the reader begins this report. Very few communities know the dollar cost of their programs for pregnant girls. In a recent survey of such programs in cities with a population of 100,000, undertaken by the School of Public Health at the University of California at Berkeley, the authors reported 42.5% of those surveyed were unable to provide information on costs.*

There are a number of explanations for this. The basic problem is the number of agencies providing program services. However, in addition:

1) Different members of the community often define what is or is not included in the "program" differently.
2) Services utilized as part of a program are often regular ongoing services provided by the community and therefore not easily broken out on a cost basis and assigned as program costs.
3) Even specialized services, if they are provided by different agencies, particularly at the locations of those agencies rather than at a central site, may not be costed-out or if they are, such cost figures may not be made available to the program coordinator or director.

*_A Study of Services and Needs of Teenage Pregnant Girls in the Large Cities of the United States_, by Helen M. Wallace, M.D., M.P.H.; et al, of the Division of Maternal and Child Health, School of Public Health, the University of California, Berkeley, 1971.

4) The girls themselves may pay for some of their care (for example, prenatal care or hospital delivery costs) and therefore, although they may receive this care, it cannot realistically be counted as a program cost.

5) There is debate about whether the cost of a program should be determined by the things over and above those normally offered the girls or if it should be inclusive. (For example, if the school system spends a given amount for each pupil, should classes for pregnant girls be costed-out on a total cost basis or only on that dollar amount required above the normal per pupil expenditure?)

Because of the complexity of the above issues and corresponding general inaccessibility of cost data, this report concentrates on sources and types of funding used by programs rather than dollar amounts needed for programs. Where possible, however, information on dollar amounts is provided. The report also concentrates on what is currently being done — that is, how programs are currently being financed rather than how future programs might be financed. This is done because:

1) There are no known national funds set aside exclusively or even primarily for services for school-age pregnant girls so there is no definitive answer to the question, "Where does one go for funding?"

2) All of the known sources of national and state funding are, to the authors' knowledge, already being used by some of the existing programs.

3) It is felt to be more useful for program operators or potential program operators to know what has worked for others who at one time were faced with the need to obtain funds for similiar services than it is to read a theoretical explanation of where one should be able to get funds.

The report is organized into four main parts: First, it provides some perspectives on funding. Second, it takes a look at program organization and what that implies for funding. It then covers various types of direct funding, including involvement at federal, state, and local levels. In addition, there are some general observations on the sources of direct funds as well as sources of indirect funds. Finally, it reviews trends in funding. Included in the appendices of the report are sample budgets of a few selected programs and lists of sources of funds as noted by a variety of programs.

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Some Perspectives On Funding

Whenever the provision of human services is contemplated, sooner or later one question inevitably will be asked: "How can we get the money to do the job that we know needs to be done?" This question is evidence of other vital things that may already be occurring to the questioner. He recognizes first that the community indeed has a problem that may be solvable, or at least partially so; he is beginning to determine ways to take on the identified problem; he is looking for actual sources of aid to use in the effort. All of these are certainly necessary and preliminary to mobilizing around the problem. The monetary question, however, reflects the tendency to think of provision of human services primarily in terms of cash obtainable.

The nature of financing comprehensive service programs for school-age pregnant girls demands that the questioner's frame of reference be somewhat broadened. There is never enough money around to accomplish all goals of all human service programs. Further, to focus primarily on "Where will I get the cash?" may limit one's ability to respond in a successfully innovative way. Although most services have an assignable cost somewhere (even for volunteers, it can be debated that the giving of time has an assignable cost, although it is not a distinctly monetary one), it may not be required that cash be centralized or even necessarily identified as the basis of services for them to be provided. (For example, a Planned Parenthood representative may be invited to a program for pregnant girls to discuss family planning and to indicate that services are available to girls who want them through that organization. It is usually not necessary for the program director to be able to assign costs or consider the cash basis of this

service to see that girls have access to it.) Further, the fact that pregnant girls need services in fields that traditionally have most often been physically and organizationally separated in the community (health, education, and social welfare services) makes it less realistic to expect central cash funding to appear.

Existing programs for pregnant girls have shown, by and large, that services can indeed be given even with minimal cash amounts available. The emphasis has been on using existing community resources and services through coordinative and organizational mechanisms to obtain needed program components rather than purchasing such services from others or hiring (buying) staff to offer them. Under this system, cash funding then becomes most important in setting up coordinative mechanisms, in improving existing services in individual program components, and occasionally in setting up services completely new to the community.

The following examples may further illustrate these points:

- Coordination of services—An arrangement to provide counseling is made with several community agencies able to offer such services. Each agency agrees to serve so many girls from the school program each year. This requires no central cash funding but assures that girls receive such services.
- Organization of services—A homebound teacher is reassigned to teach pregnant girls in a central location rather than visiting them briefly in their homes, thus enabling many more girls to be served and to receive instruction for a longer period of time. No new central cash funds are required for teachers' salaries even though more girls are served in a better way.
- Improving an individual program component—The services of a nutrition counselor are added to the staff of the prenatal clinic serving the girls. This requires new funding but not necessarily from or through the program coordinative center.
- Beginning a service new to the community—An infant day care center is set up to care for babies of young mothers during school hours. This may require cash funding coming through or from the central coordinating body.

Organization of Programs and the Implications For Funding

It is clear from the above that the general notion of what constitutes a program is challenged (that is, a whole entity with

hierarchical or centralized structure that operates by virtue of hard cash funding through a central point). The results of the investigations made leading to this report indicate a program is most often a collection of services organized around the girls to be served rather than either of the extremes of a) a central organization or unit providing all services or b) available individual services randomly being used by certain girls. Because the manner in which services are drawn into the comprehensive framework of programs obviously affects the type of funding needed, at this point it is important to better define comprehensive services and how programs are currently organized in order to provide them.

Nearly all known programs (close to 250 in the country) view comprehensiveness of service to pregnant school-age girls as highly desirable and necessary to effectively help this group of youth. Nearly all programs give attention to the three components of service thought to comprise a comprehensive program: continuing education on a classroom basis, early and consistent prenatal health care, and social services, including counseling. These are considered essential to comprehensive service programs. However, most often the services extend beyond that and can include, for example, vocational training, part-time vocational placement, services to young fathers, infant day care, recreational activities, etc. The majority of programs do not provide all comprehensive services through a central unit. They may provide only one or two services directly, but help girls utilize additional services available in the community.

Four Sub-Types of Programs

The following four program sub-types that have been noted throughout the country may further clarify program organization and ways of viewing funding:

1) Highly Coordinated—The programs generally exhibiting the highest level of coordination (actual integration of services) are those with all services under one roof. In such programs, girls receive all services without referral to outside agencies (although outside agencies may be involved in providing care directly in the program). The girl is the receiver of service without herself having to intervene in the process. In other words, it is all there and given to her. Further, the program sees itself as not only providing continuing education, including health education, but actually giving the girls physical health care and counseling. Finally, all the services of the program are available to all girls in the program. Not

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all of the funding for such programs comes through a central point but a much higher proportion does than in other organizational frameworks.

2) Closely Coordinated—Another group of programs consists of those which are designed as closely coordinated programs. Generally these programs have services provided both at a center and in the community as well. The latter services, although located in the community, are often specialized to meet program needs. These programs have clearly established linkages to other service programs and often have advisory boards made up of community organizations and agencies. Girls must generally participate in a process in some way to receive services; that is, they may receive some services within the center but others are given elsewhere on a group or individual basis (often by referral) even though still as part of the program. Since several sources for the same kind of care can be used, however, some girls may receive services which are more specialized than those used by other girls (sometimes this is determined by eligibility requirements for certain services; for example, family income level, residence, etc.). That is, all girls do not receive all the same services. Funding for such programs comes in part through a central unit. But for some of the services in the center, as well as generally for all those in the community, funding comes through various other points and most often in the form of services given rather than in cash. These may be special services, however, requiring special funding from their sources.

3) Less Closely Coordinated—Although these programs may have a special center in which some services are given, at times instead there is just a coordinative unit or a coordinative person. Rather than receiving specialized services, the girls generally use the regular services which are available to the community as a whole. The services received tend to be fragmented with the linkages between them often not clearly defined. The quality of care is not monitored by the program and it tends to be uneven and minimal in some cases, varying both in quality and quantity from girl to girl. The girls must take an active role to carry out the process, sometimes initiating contact with organizations without program help or direct referral. Nevertheless, the program indicates that all girls enrolled must receive the three services that define a comprehensive program. (This latter may be accomplished through admission policies—for example, a program offering ed-

ucation and social services may say they will not accept girls for service unless they produce a statement indicating they are under the care of a physician—thus all girls in the program actually do receive health care but not as a program-coordinated service.) In most of these programs, funding is for a single service. Funding for other services is part of the regular operating budgets of the sources of service.

4) Minimally Coordinated—Services in these programs tend to be fragmented and referrals are not used consistently or are not checked upon. The girl most often must initiate the process to receive various services. Further, girls in the program may not be receiving all services needed for comprehensive care. The nature of the services is extremely limited, with partial care often being the case. Often these programs have no funds for coordination and the fact that they are called programs at all is because someone in one agency does try to coordinate and other community agencies do at least offer some services. It is even more difficult to describe these as funded programs, however.

The above breakdown of kinds of programs should not be interpreted as implying that certain types of programs, by virtue of structure, are going to be more effective than others. This breakdown in fact tends to measure process rather than quality of service rendered. Obviously programs which provide, choose, or monitor services have a greater control over quality, but if the quality of services generally available in the community is high, this may not be a deciding factor. Nor should centralized, direct funding per se be seen as an indicator of quality since the level of funding of the various contributors of services or other programs utilized in the community may be equally or more important.

Types of Funding

As may be seen from the above discussion, funding may be categorized as:

- Direct funding—that which comes to or from a central organization or unit and may be used to purchase services for a program, either on-site or in the community.
- Indirect funding—those funds that come to the central organization or unit or are offered in the community in the form of services. These services may include use of space, equipment, supplies, etc. Another way of referring to indirect funding is "in-kind" or "donated" services.

Both direct and indirect funding may come from public or private sources. Both may have a cash base. However, although most programs can identify source and amount of direct funding, few programs can identify the dollar amount associated with indirectly funded services. Nor, at times can they identify the actual source of funds for such indirect services (as opposed to the agency providing the services). For example, a program may know the health department provides a special prenatal clinic to serve many of the teens in the program but may not know whether or not the funding for this comes from local, state, or federal sources. The care given at the prenatal clinic, however, may be considered part of the program service.

Direct Funding

Direct funding for programs is complicated by the fact that more often than not it is necessary to use a "package funding" approach in order to obtain enough cash funds for programs. For example, only a little over a quarter of the programs indicate they use just one cash funding source. Not quite half use two sources, and fully a quarter use three or more sources. Moreover, programs find they must tap a variety of levels (federal, state, and local) for cash funds. According to the Pittsburgh survey (see Appendix C) three-fifths of the programs for pregnant girls use direct cash funds from more than one level for their programs. By far the highest proportion call upon both state and local levels for direct cash. Next in popularity are combinations of federal and local levels followed by federal, state, and local levels. A combination of just federal and state levels is used least.

Some of the programs (about two-fifths of the total number) use funds from only one level for their programs. It appears that single level is almost equally likely to be federal, state or local. However, there is a difference in the number of sources programs use for cash funds within each of those levels. In the case of both federal and state levels, a high proportion of programs use just one source for funds and the remainder generally do not use more than two. However, of those whose cash funds come from only the local level, a somewhat smaller proportion use just one source at that level and a much greater proportion are likely to use as many as three or four sources.

It appears that whether using single level or multiple levels of direct funding, the most often obtained direct funds are those that come from the local level (over two-thirds of the programs appear to be successful in obtaining these funds). Although, surpris-

ingly, almost as high a proportion are successful in obtaining state funds, far fewer still (well over a third of the programs) use federal funds for direct support of some part of the program. It may be useful to the reader, however, to examine more closely just what this kind of direct funding means for program support and some of the agencies or organizations programs have identified as giving direct funds.

Federal sources—According to the recent University of Pittsburgh data, 14% of the programs receive their sole cash from federal government agencies. Moreover, well over a third of all programs have some federal funding. Of those that do have funding from federal sources, the majority receive a very high proportion (75%-100%) of their total direct support from them. Only about a fifth receive as little as one-fourth or less of all their cash funds from federal sources. This indicates that although the federal government is not the largest supporter of programs for pregnant girls, and indeed does not necessarily support entire programs, when it does get involved it is likely to carry a high cash burden for the program. This is in contrast to state and local level funding sources as will be noted.

The most often mentioned general source of federal aid reported by all programs was from agencies of the U.S. Department of Health, Education, and Welfare (HEW). They included first, the Office of Education, followed by Maternal and Child Health Service of the Health Services and Mental Health Administration, and the Children's Bureau, now part of the Office of Child Development. The Social and Rehabilitation Service and the National Institute of Mental Health were also noted as HEW sources. Other government agencies listed as funding sources were the Model Cities program of the Department of Housing and Urban Development and various divisions of the Office of Economic Opportunity.

State sources—About 11% of the programs list state level sources as the sole cash funders of their programs. However, a high proportion of all programs (three-fifths) appear to have some state funding (in contrast to only about two-fifths having federal funds). Of those that have state funding, only somewhat over a third receive a high proportion of their direct support—75%-100%—from the state (in contrast to over half of those with federal funds receiving 75%-100%). Nevertheless, state funds constitute over half the money of over half the programs in which they are involved. The most often mentioned source of state fund-

ing was by far the department of education. The state departments of health and of welfare were mentioned only a comparatively few times as sources of funds.

Local sources—About 13% of all programs list local funds as the single resource for cash funding. The proportion of local direct cash funding, however, is somewhat less than in the case of federal or state involvement. Only somewhat over a quarter of the programs receive as much as 75%-100% of their cash support from local sources, while not quite two-thirds receive less than half of their cash funding from local sources. Local boards of education greatly outdistanced all other sources as the most often mentioned source of funding. Local boards of health were mentioned as funding sources much less often and departments of public welfare were mentioned only a few times. Examples of other sources of direct funding on a local level were voluntary agencies, universities, neighborhood mental health centers, private foundations, YWCA's, churches, and parent-teacher organizations.

Indirect Support

According to both past and current information, indirect funding is a vital part of financing program services. Almost without exception, programs have some type of indirect funding which helps support their existence. Unfortunately, for reasons noted in the general discussion on types of funding in this report, we do not have clear data on what proportion of program support comes from indirect funding. The fact that it tends to be substantial is supported by program budget examples given in Appendix A. In two programs, selected partially because a dollar amount has been indicated for indirect funding, almost half their total funding is indirect. (An extreme example of indirect funding is the program in Mt. Vernon, N.Y. which in its first year of operation used no direct funds at all and was in essence run by a committee of representatives from contributing agencies. Fifty girls were served in this manner the first year.)

In general it is probably fair to say that the more services provided, the greater the proportion of indirect funding is likely to be. It can also be assumed that the base of the program influences the amount of in-kind services needed. Those programs that are based in an agency not normally providing any of the three basic components needed for comprehensive services (health, education, social services) may have a much higher proportion of indirect funding than those programs that are located in an institu-

tion or agency which does offer one of the three basic components. Examples of this are those programs coordinated through YWCA's or church groups. Unless they can obtain special direct cash grants, they most often must rely on donated teachers and equipment from school systems, prenatal care and health education provided by local health departments or special federally funded health programs, and counseling services (to augment the limited ones they may have) from voluntary agencies, the schools, or public welfare. This is also true of those programs that are independently incorporated. In one state (Connecticut) the innovative State Department of Maternal and Child Health placed paid coordinators in several communities to see that program services were given but relied entirely on indirect funding (donated services) for the provision of those services. Four or five programs have been started in this way on a three-year demonstration basis.

Trends in Funding

There are a number of trends in funding programs for pregnant girls. Whereas previously (roughly five years ago) only about half of the programs had more than one cash funding source, currently close to three-quarters do. There has been a notable decrease in the proportion of programs using federal funding (from three-fifths to two-fifths) and a dramatic increase in the proportion using state funding (from less than a fifth to three-fifths). Use of local funding has remained relatively constant with somewhat over two-thirds of the programs using this resource.

In looking at levels of funding, the proportion of those using only federal funds has dropped as has the proportion of those using only local sources for cash funding. Those using only state sources for cash support, however, have increased. The biggest jump in use of cash funding from more than one level is in the combined use of state and local funds. This is five times greater now than in the past. Other less dramatic but still significant increases have taken place among those using combinations of federal, state and local funds, as well as combinations of state and federal. The major decline has been in the use of combinations of federal and local funds.

In terms of actual sources of aid, there also have been some interesting changes over the past five years. Formerly, the Office of Economic Opportunity, the Office of Education and the Children's Bureau (before its funding was divided among the Maternal

and Child Health Service, the Office of Child Development and the Social and Rehabilitation Service) funded programs at about the same rate. Now, although the Office of Education, Maternal and Child Health Service, and the Office of Child Development continue to contribute funds to a major proportion of programs, the Office of Education is listed much more often than the other two. The Office of Economic Opportunity has dropped significantly in funding but new sources such as the Department of Housing and Urban Development's Model Cities program and Title IV-A of the Social Security Act, administered by the Social and Rehabilitation Service are on the rise.

On a state level, state departments of education and state health departments were the major sources of aid in the past. Again, education sources have risen markedly in the proportion of programs they support in contrast to health sources which have increased but not nearly as much.

On a local level, boards of education both in the past and at the present seem to have been the most involved as cash funders. Health sources were and still are listed next. Welfare departments appear to have had very little direct funding involvement in the past and this has not changed. On the other hand, the variety of sources listed for direct funds has greatly expanded on a local level. It is here that indirect funding also shows a greatly expanded list of contributors.

Some Observations on Trends in Funding

As might be expected, with the proliferation of programs, the proportion of federal funding has dropped. This is partially because the greatest expansion of federal funding likely to affect school-age pregnant girls occurred during the early 1960's. A good number of the federal programs begun then (for example, the Maternity and Infant Care projects which provide care for a good number of the low-income, high-risk pregnant girls) are not expanding. Thus, as the number of programs grow, their proportion of the whole diminishes. Further, as many of the Great Society programs began, a number of programs for school-age pregnant girls also started and were able to "get in on the ground floor," so to speak. Many of the programs that started later, however, found that even though their community might have special funds, such as the Elementary and Secondary Education Act's Title I (education for disadvantaged children), these funds were committed to other population groups or programs within the

funded agency and were not available for pregnant girls. Another important consideration is that when the idea of serving school-age pregnant girls who lived at home and most often kept their babies was new, more research and demonstration funds were available to look at a variety of approaches for the population group. Now that the basic concepts and alternatives related to provision of comprehensive services for pregnant girls have been demonstrated, only highly innovative programs or those that are distinctly research-oriented are able to obtain these funds. Despite the decline in the availability of certain kinds of federal funds, however, enough new federal sources have been added to keep up a fairly high level of such funding (two-fifths of the programs currently use federal funds).

As has been noted, the states have taken a giant step forward in the funding of programs. One main reason is that funding for educational services to pregnant girls already existed in many states through special education and adult education funds. It was largely a matter of making school systems willing to apply for these funds to educate pregnant girls on a large-scale basis. In a few cases, this involved authoritative statements that pregnant girls were eligible for such funding from a state level or once in a great while securing of additional legislation. By and large, however, it was not a situation of having to develop new funds but rather one of having to develop a feeling on the part of educators that such funds should be used for this purpose.

With respect to local funding it is logical to assume most programs would seek such funding first, and only if sufficient local funds were not available turn to the federal and state levels. Obviously, a high proportion of programs, both in the past and at present found that a good deal of local cash funding was available. It is, however, interesting to note the increase in the varieties and types of local sources both for direct and indirect funding. This probably indicates not only more community interest in and receptivity to such programs, but as the programs themselves have understood more about what is needed to serve young parents, there has been an expansion of the kinds and varieties of services which necessitate a broader local funding approach.

In general it may be fair to say that the shifts in funding that are apparent in the above reflect not only a certain to-be-expected funding "instability," but also the necessary responses of programs to new demands, new developments, and expected progress. It may indicate that the more successful a program has been, the

more likely it will have had to seek new or additional funding at one time or another in its growth.

It is not surprising that at all levels—federal, state and local—education sources are the major funders of the programs. This is by virtue of the fact that the population is defined as *school-age pregnant girls*, as opposed to *high-risk pregnant patients* or *unwed mothers* (health and social service categorizations which would automatically expand the age range and realign the target population in such a way as to make health or social service agencies the major funders). Noting this, it is perhaps surprising that there is not an even greater proportion of educational funds involved. Since education is the catchment agency—the one agency serving all the girls—it is surprising that a number of programs do not have cash funds from education agencies on some level. Some of this is made up for by the use of indirect funds, with school systems donating teachers and books to a program under other auspices. But some of it is the hard reality that Model Cities funding from the Department of Housing and Urban Development for example, or other funds, must be used to purchase education services because of lack of school systems support for programs for school-age pregnant girls.

Where programs are essentially seen as educational, the lack of funding from health and welfare agencies may stem partly from a lack of involvement. The notable lack of cash funds from health and welfare sources in many cases also may be viewed in the context that school systems generally serve most students regardless of income level. Both health and welfare departments generally serve those unlikely to be able to purchase care elsewhere. Therefore, although essentially involved with some proportion of the school-age pregnant girl population, they are much less likely to be the agency acting as auspices for a program and thus perhaps more likely to be assigning in-kind, or donated services, to a program coordinated by another.

Toward the Future

It is apparent that at present the need to serve pregnant girls is still not clearly seen by the traditional service agencies—health, education and social service. Until it is, we can expect communities to continue to use a wide variety of funding patterns and auspices to provide needed comprehensive services. Consequently, federal and local innovative funding will continue to be important

for some time to come. However, as programs for pregnant girls are turned over to, or become accepted as an ongoing part of the community's traditional service structure—and trends in funding and other areas indicate this will probably be the case—fixed sources of funding such as categorical aid from states or programmatic aid through agencies will increase as sources of program support. In addition, as more and more program operators recognize the need for total community involvement in solving the problems of young parents, in-kind or donated services will also increase in number and variety.

Programs for pregnant girls have already proved nationwide to be an unusual service model in terms of structure and means of support. They have become a model that has dramatically illustrated the effectiveness of mobilization of service-givers at all levels around a community problem. Further, it would appear that even though programs increasingly become built into the community fabric, they will—by virtue of serving the variety of needs posed by young parents—retain certain funding, organizational, and service characteristics that will, for a long time, set them apart from other more traditional programs.

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Appendices

Appendix A

SELECTED EXAMPLES OF PROGRAM FUNDING

PROGRAM

Location: medium-sized Midwestern city

Where program housed: YWCA

Number of girls served: 45 per semester

Funding:

Source	*Amount*
*State Department of Health	$22,990
Private Foundation	16,516
**Value of in-kind services	32,605
	$72,111 Total

*Funds granted as part of a three-year commitment to the project as a demonstration program.

**The in-kind services, costed-out here, were contributed by the following local agencies:

—Family and Children's Services: professional consultation, administration, secretarial service, office space
—Local Board of Education: teachers and course materials
—YWCA: housing space for the program center
—Two local hospitals: use of clinic and hospital facilities and staff, consultant physicians, flexible or partial absorption of fees
—Public Health Nursing Service: supervising nurse, other part-time nurses for health education and medical follow-up

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PROGRAM

Location: medium-sized Southwestern city

Where program housed: church

Number of girls served: approximately 180 a year

Funding:

Source	*Amount*
Model Cities program, U.S. Dept. of Housing and Urban Development	$ 57,866
State Crime Commission (Law Enforcement Act Administration, U.S. Dept. of Justice)	35,287
Local donations	6,000
*Contributed services, professional and volunteer	93,600 (estimated)
	$192,753 Total

*Cooperating agencies are the Red Cross, City-County Health Department, Family and Children's Service, the Juvenile Court, Planned Parenthood, Mental Health Association, the YWCA, Neighborhood Counseling Service, State Employment Service, the City-Wide Residency Program in Obstetrics and Gynecology, a church, the State Department of Institutions and the State Department of Education and local school systems.

PROGRAM

Location: small Mid-Atlantic city

Where program housed: school building

Number of girls served: approximately 300 a year

*Funding:

Source	*Amount*
**State Division of Physical Health	$100,000
State Division of Social Services	34,171
Model Cities (U.S. Dept. of Housing and Urban Development)	52,667
	$186,838 Total

*Although not costed-out, the program received in-kind services from: the Board of Education in cooperation with the State Department of Public Instruction, which provided teacher salaries; Planned Parenthood taught a weekly course in sex education and family living; a local university provided nutrition aides to work with girls' families.

**This amount was used in the following ways:

Administration (supplies, salaries, lunch program, bus, etc.)	$ 59,147
Education (teachers' supplement, books, equipment, rent)	28,223
Medical (obstetrician, dentist, medical director; girls in program are responsible for their own hospital bills)	10,430
Social Services	2,200
	$100,000 Total

PROGRAM

Location: small-sized Southern city

Where program housed: school building

Number of girls served: approximately 140 a year

*Funding:

Source	*Amount*
[1] United Fund	$12,660
[2] Board of Education	22,408
[3] County Health Department	13,622
[4] Board of County Commissioners	12,839
	$61,529 Total

*The in-kind services, provided at a "cost unknown to the program" include social services contributed by Family Services, Catholic Social Services, the Children's Home Society, and the Mental Health Center. The Adult and Vocational Education Department of the local schools also contributed staff time. Various church and civic groups furnished and supplied the center's nursery.

[1] United Fund money was used for salaries of coordinator and nursery aide, as well as for travel and food supplies.

[2] Board of Education money was used for teachers salaries, equipment, and supplies, books, facility, telephone, and janitorial service.

[3] Health Department money provided prenatal medical and nursing care and hospital delivery for eligible girls, plus well-baby and family planning clinic services, and nutritional instruction. It also helped provide nurse's aide and health educator's salaries.

[4] Board of County Commissioners funds supplied 3 mini-buses, cost of drivers, gas and maintenance for transportation of girls.

Appendix B

A PARTIAL LISTING OF SOURCES OF FUNDING
(Direct and Indirect)
USED FOR PROGRAM COMPONENTS

EDUCATION COMPONENT

Federal

Department of Health, Education, and Welfare
Office of Education
—Elementary and Secondary Education Act funds
—Title I: Education of Disadvantaged Children
—Title III: Supplementary Educational Centers and Services
—Title IV: Cooperative Research Program
—Title VIII: Dropout Prevention
—Higher Education Amendments funds
—Title I-A: Talent Search
—Vocational Education Act funds
—Aid to Federally Impacted Areas
Social and Rehabilitation Service
—Social Security Act funds
—Titles IV-A and B: Service Programs for Families and Children
Department of Housing and Urban Development
Model Cities program
Department of Labor
Neighborhood Youth Corps

State

Department of Education
—Special Education funds
—Education for the Physically Handicapped, Homebound and Hospitalized
—Vocational Education
—Adult Education

Local

City or County Boards of Education

Community funds: Community Chest, United Fund, etc.

Local chapters of national organizations: March of Dimes, United Cerebral Palsy, etc.

HEALTH COMPONENT

Federal

Department of Health, Education, and Welfare
- Public Health Service, Health Services and Mental Health Administration
  - Maternal and Child Health Service
    - —Research and Demonstration funds
    - —Maternity and Infant Care projects
  - National Center for Family Planning Services
    - —Research and Demonstration funds
    - —Service Program funds

Department of Agriculture
- Food and Nutrition Services
  - —Special Milk Program
  - —School Lunch Program

Office of Economic Opportunity
- —Community Action Programs
- —Neighborhood Health Centers

State

State Department of Health
- —Division of Maternal and Child Health

Local

City or County Department of Health
- —Family Planning Clinics
- —Prenatal and Maternity Clinics
- —Well-Baby Clinics
- —Public Health Nursing Service

Voluntary Agencies
- —Visiting Nurses Association
- —American Red Cross
- —The March of Dimes
- —University medical schools and schools of nursing
- —Planned Parenthood, Inc.

COUNSELING COMPONENT—Social and Psychological Services

Federal

Department of Health, Education, and Welfare

Public Health Service, Health Services and Mental Health Administration

Maternal and Child Health Service

—Maternity and Infant Care projects

Social and Rehabilitation Service

—Social Security Act funds

—Titles IV-A and B: Service Programs for Families and Children

—Child Welfare Research and Demonstration grants

Office of Economic Opportunity

Vista Volunteers

State

State Department of Social Welfare (Rehabilitative Services)

—Family and Children's Services

Local

Local Probation Department, Youth Authority Division, or Juvenile Court

Welfare Department

Local church and clergy organizations

Voluntary agencies

—YWCA, YMCA

—Family and Children's Services

—Children's Home Societies

—Catholic Charities

—Jewish Community Services

—Lutheran Social Services

—Salvation Army

—Florence Crittenton Services

—Planned Parenthood, Inc.

University School of Social Work

Mental Health Center

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OTHER—General Administration, Day Care, Space, etc.

Federal

Department of Health, Education, and Welfare

- Public Health Service, Health Services and Mental Health Administration
  - Maternal and Child Health Service
    - —Research and Demonstration funds
  - Office of Child Development
    - Children's Bureau
      - —Research and Demonstration funds
  - Social and Rehabilitation Service
    - —Social Security Act, Titles IV-A and B
      - —Service Programs for Families and Children
      - —Child Welfare Research and Demonstration grants

Department of Agriculture

- Cooperative Extension Service
  - —Homemaker's Services

Department of Justice

- Law Enforcement Assistance Administration

State

State Department of Health

State Department of Social Welfare Services

State Employment Service

State Crime Commission

- —Juvenile Delinquency Program

Local

Voluntary Agencies

- —Family and Children's Services
- —YWCA, YMCA
- —Salvation Army
- —Florence Crittenton Services

City or County Departments of Recreation

Churches

Service sororities or fraternities

Civic groups

Private foundations

Appendix C

DIRECT FUNDING
Table I

Per Cent of All Programs Having Funds from

Federal Level Source(s)	41%
State Level Source(s)	61%
Local Level Sources(s)	69%

Table II

Per Cent of Programs Having Combinations (Single or Multiple Source) of Funds from

Single level	Federal Source(s)	14%	
	State Source(s)	11	
	Local Source(s)	13	
			38%
Multiple levels	Federal, State, and Local Source(s)	9%	
	Federal and State	6	
	Federal and Local	12	
	State and Local	35	
			62%
			100%

DIRECT FUNDING
Table III

Per Cent of Contribution to Total Direct Funding for Programs

Per Cent of Program's Total Direct Funding:	Per Cent of Programs Receiving Funds from the Following Levels:		
	Federal	*State*	*Local*
0-25%	22%	15%	31%
26-50	14	26	29
51-75	10	22	13
76-100	54	37	27
	100%	100%	100%

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Table IV

*Number of Sources Used for Cash Funding	Percent of Programs
One	29%
Two	43
Three	17
Four	7
Five	3
Six	1
	100%

*Regardless of federal, state or local level.

DIRECT FUNDING

Table V

	Number of Sources Used for Cash Funding	Percent of Programs
Federal level	One	83%
	Two	13
	Three	2
	Four	0
	Five	2
	(no others)	100%
State level	One	83%
	Two	17
	(no others)	100%
Local level	One	70%
	Two	19
	Three	7
	Four	4
	(no others)	100%

The project presented or reported herein was performed pursuant to a grant from the U.S. Office of Education, Department of Health, Education, and Welfare. The opinions expressed herein, however, do not necessarily reflect the position or policy of the U.S. Office of Education, and no official endorsement by the U.S. Office of Education should be inferred.

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ED 070186

INFORMATION
SERIES # 3

A Discussion Of State Laws And State And Local Policies As They Relate To Education Of Pregnant School-Age Girls

Prepared by the
Consortium on Early Childbearing and Childrearing
Washington, D.C.
Through funds granted by the
National Center for Educational Communication
United States Office of Education

by
Marion Howard
1972

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Foreword

Every girl in the United States has a right to and a need for the education that will help her prepare herself for a career, for family life, and for citizenship. To be married or pregnant is not sufficient cause to deprive her of an education and the opportunity to become a contributing member of society.

The U.S. Office of Education strongly urges school systems to provide continuing education for girls who become pregnant. Most pregnant girls are physically able to remain in their regular classes during most of their pregnancy. Any decision to modify a pregnant girl's school program should be made only after consulting with the girl, her parents, or her husband if she is married, and the appropriate educational, medical, and social service authorities. Further, local school systems have an obligation to cooperate with such other State, county, and city agencies as health and welfare departments and with private agencies and physicians to assure that pregnant girls receive proper medical, psychological, and social services during pregnancy and for as long as needed thereafter.

The needs of pregnant girls are but one aspect of our concern. Young fathers also require assistance to enable them to meet the considerable responsibilities which they have assumed. We shall continue to emphasize in all aspects of our concept of comprehensive programs for school-age parents, the problems, the needs, the resources, the processes, and the program activities which will serve *both* young women and young men experiencing or anticipating early parenthood. In so doing, we also serve the children involved, and intend to promote a more successful "service integration model" for them — a strengthened family structure.

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The Secretary of Health, Education, and Welfare through his approval of the action memorandum entitled, "Promoting Comprehensive Programs for School-Age Parents," has designated the Office of Education as lead agency in an important Department-wide planning and technical-assistance effort to develop and promote a successful services integration model for meeting the problems related to school-age parenthood.

To accomplish this, we in the Office of Education are joining with our colleagues from appropriate units in the Office of the Secretary, the Health Services and Mental Health Administration, the National Institutes of Health, and the Social and Rehabilitation Service in the formation of an Inter-Agency Task Force on Comprehensive Programs for School-Age Parents.

Through the Inter-Agency Task Force, the Office of Education will take responsibility for helping school systems and their communities to meet the needs of school-age parents. There are implications, of course, for the obligation of school systems to provide *all* those whom they serve with the knowledge and skills required by those who would be effective parents in our complex society. Perhaps by focusing, in this special effort, on the dimensions of parent education required by those who need it most, much will be gained for all of us.

S. P. Marland, Jr.
U. S. Commissioner of Education
February 29, 1972

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Less than one-third of the 17,000 school districts in the United States make any provision for the education of pregnant girls.* Further, of those that say they do, most serve only token numbers of the pregnant-girl population. For example, one community that says it has provision for education excludes all girls — 3,000 in number — from school upon discovery of pregnancy. Its special classes accommodate only 800, leaving 2,200 with no education. Another that says it has homebound education for the girls it excludes serves less than one-tenth by this method. Moreover, much of the education provided under alternate arrangements such as adult school, homebound education, and so forth is inferior to that which non-pregnant students receive.

By and large, most states do not have specific laws relating to or governing the education of school-age pregnant girls. Instead, they delegate broad powers to local school systems, which in turn decide how they will deal with the problem of pregnant students. Thus, there is a lack of uniformity across the country and within states as to how pregnant students are treated. Local school systems may leave it to individual principals, and even these principals may not uniformly deal with the problem, but may take into account the student's demonstrated academic ability, her social status, her "desirability" as a student, and so forth.

* Wurtz, Frances and Fergen, Geraldine, *American School Board Journal*, April, 1970.

Changed social conditions combined with recognition of the urgent need of all young people to be educated — particularly those undertaking early family responsibility — has led to a demand for reform in this area.

There is a beginning trend for states to deal with the situation through the state legislature (see Appendix A, Florida and Michigan). Some states have dealt with the problem through educational by-laws (see Appendix A, Maryland) or state administrative education codes (see Appendix A, California). In Maryland, by-laws of the Board of Education have, by statute, the effect of law. In California, the State Education Code is based on law, but has the effect of a state policy. Attorneys General rulings are another way states have tried to deal with the problem (see Appendix B, Pennsylvania).

The main issue underlying all these attempts at establishing the status of the pregnant school girl is the fact that traditionally it has been felt to be necessary to remove her from the regular school classroom. There are some school systems that exclude a pregnant girl as a regular student on the grounds that her presence would cause harm to other students. Under this kind of interpretation the girl is not classified as another kind of student, in most instances, but only as a regular student unfit to attend school with her peers. Most often this ruling is used when the school sees the issue as a moral one. The pregnant unmarried student is viewed as immoral, based on her unmarried state, and is therefore a "bad influence" on others. The married pregnant student is not viewed as immoral herself, but as someone who, through the evidence of her carnal knowledge of another being, is capable of corrupting the morals of other students by passing on her special knowledge.

More commonly, however, the pregnant student is removed from the rolls as a regular student on the grounds that her pregnancy makes her a special student. Sometimes her special status is defined as "adult," i.e., her pregnancy has made her mature, indeed too mature to attend school with her peers. Sometimes her pregnancy is viewed as evidence of behavior problems, and she is classed as socially maladjusted. Other times her status is defined as one that mentally or physically puts her in another classification — physically handicapped. The mental grounds rest on the assumption that a pregnant student is or will be emotionally disturbed to the degree that she cannot remain with her peers. Physically, it is felt she cannot retain the status of a regular student because pregnancy will be physically incapacitating in ways that

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will prevent her from attending regular school or cause her harm if she does attend.

The reclassification of a student, however, does not necessarily assure her of an alternate educational situation, and in almost all cases it does not provide her with equivalent education elsewhere. For example, some students who are excluded for "maturity" may not be eligible for adult education classes because they are under the age requirement for attendance. Sometimes these students have no alternative but to wait for the time when they have achieved the appropriate age. When students are declared physically or emotionally handicapped, most often there are not enough staff, facilities, or programs set up to take care of the numbers of such students. Nor are such programs necessarily geared to meet their educational or other needs. For example, a school system may offer "homebound" teaching for physically handicapped students. Since this is very costly, in all but very small communities only token numbers of pregnant girls can be educated in this way. Moreover, homebound education is by no means equal to regular education, nor is it inclusive or flexible enough to meet special needs.

In general, regardless of whether the pregnant student is viewed as a regular student or a student reclassified because of pregnancy as a special student, compulsory education rules are almost always waived. Thus, for all the above reasons, plus others which it is not necessary to delineate here, the majority of pregnant students in the United States today either are not provided with appropriate educational opportunities, or cannot or do not take advantage of those that are available.

The intent of this discussion, therefore, is to examine what state laws and state and local policies might ideally be developed to remedy this situation. Such laws and policies should not only assure that all pregnant students retain their education rights, but receive appropriate education and be subject to the same societal pressures that help other students toward school completion.

One of the problems in dealing with laws and policies is that pregnant students are not all the same but, like other students, they may vary greatly in their abilities, aptitudes, and needs. Experience thus far has demonstrated that there are some students (probably about a fifth) who fit completely into the category of regular students. That is, they are capable of functioning in regular school just as other students do without the need for special input. The bulk of the students (probably about three-fifths) are capable

of functioning as regular students but have some special needs that must be met if they are to remain in regular school during pregnancy and continue following the birth of the baby. These students could also be served through special classes, but among other factors to be considered is the greatly increased cost of doing so. The remaining fifth of the students may indeed be special students whose circumstances or conditions dictate that they would be better off in special programs more suitable to their needs on either a short-term or a long-term basis.

Another problem in dealing with laws and policies is the inverse relationship of specificity to outcome. The tighter the laws and policies are written, the less likely that the school system will have the leeway to work out the appropriate variety of educational programs. The looser the laws and policies are written, the more likely that pregnant students will be subjected to the same kind of uneven and basically punitive treatment they have been receiving. Since, theoretically, practices are the easiest to change, policies more difficult, and laws the most difficult of all, it would seem that strong basic laws, interwoven with enlightened policies put into practice with intelligence, would be the best solution. However, this would imply a good will and an agreement concerning the pregnant student that currently does not exist. Further, the development of any state policy must be related to the existing law. The local policies that are developed must relate both to state policies and to existing laws. For example, a state policy might incorporate what would be useful to have in law if there is no state law. And if neither state law or state policy exists, a local policy might incorporate some of the items that would otherwise be in both of them. On the other hand, it must be remembered that if a state law does exist, both state and local policies must not conflict with but can only supplement the law. Finally, it should be noted that since constitutional rights can be interpreted as involved in this area, neither state law, nor state or local policy can conflict with laws established by the Constitution.

There are four key issues to be dealt with in laws and policies in this area. The extent to which the issues are specified in each will depend on what has been done in the law or policy hierarchically above them.

The four key issues are: the issue of regular school, the issue of alternates to regular school, the issue of choice among these (determination of status), and the issue of special needs in or out of regular school status.

First, the laws or policies must deal with the student's rights and relationship to regular school. In this connection it is important to recognize that most recently there has been a trend in which a number of law suits (see Appendix C, Mississippi, Massachusetts) have been brought against school systems for excluding pregnant girls. In the landmark legal cases in Mississippi and Massachusetts it was ruled that pregnant girls and young mothers could not be excluded from regular school.

Secondly, a law or policy must deal with what alternatives are available to girls outside the regular school program. There is some feeling that the very introduction of the idea of alternatives weakens the first statement and allows for continuing the muddy pattern of services the girls now receive. However, it is clear that the reality of the situation is that some girls cannot or should not, for a variety of reasons, remain in their regular programs. Therefore suitable alternatives must be provided. A law should place upon the school systems the responsibility of providing suitable alternative education for those students.

If the law or policy establishes the relationship of the student to regular school and provides alternatives for some students, the related issue to be tackled is the determination of when a student attends one or the other of the programs. In the past, it has been the school rather than the student which most often determined where the girl was assigned. Court cases and other trends have suggested this is the student's right. The issue, however, is further complicated by suggestions that parents, husband, doctors, social workers, or others must be involved in the choice. A policy, therefore, might suggest that the student has the basic right to choice but that modification might come about through consideration of others involved.

The fourth and final consideration is the need of pregnant girls for comprehensive services, that is, the school, as the catchment agency, must take responsibility for working with other community agencies and the private care system to see that the girl has access to needed social and medical services during her pregnancy and for as long as needed thereafter.

A network of laws and policies on the state level, then, might be similar to the following:

The state law might say that pregnant girls may not be excluded from attendance in regular school, that compulsory education laws do apply, that school systems have a responsibility a) to provide girls who do not choose to remain in regular school with

equal education elsewhere and, b) to recognize their special needs regardless of place or category of education. The state policy might reaffirm the above by stating that girls not only have a right to the same education as other students and may not be excluded from regular schools, but specify what alternative education means — what programs are seen as most appropriate and what are seen as inappropriate and for what students. For example, adult classes and homebound instruction would probably be listed as inappropriate for the majority of girls who do not wish to remain in their regular classes, since they do not provide equal education. State policies may also stress the responsibility of the school system to link up with the community so that other needed services can be provided. The state policy might also indicate what state educational funds are available to communities to reimburse them for special programs or services to pregnant adolescents.

Because so few states have laws in this area, and because by and large states do not have policies in this matter but instead delegate broad powers to local school systems, local policies may for many years to come be the most important determinant of how pregnant girls are treated.

Ideally, local policies should build on strong state laws and/or state education policies. However, in their absence, a local policy should embody the concepts that might have come from these two levels (as described above) and in addition specify what alternatives are available to pregnant girls (policies) and how such girls are to be handled (procedures). (See Appendix D, Philadelphia, Pa. and Baltimore, Md.)

The above discussion does not include an evaluation of the effectiveness of various forms of education for pregnant girls nor specify what kinds are appropriate for which girls. Anyone modeling laws or policies, however, should familiarize himself with the latest findings in these complex areas. State and local conditions, it is recognized, will also influence decision making. It is felt, however, that these factors can be encompassed satisfactorily within the broad framework of rights and alternatives described above.

Appendices

Appendix A-1

State of Maryland

Resolution
Maryland State Board of Education
July 26, 1967

Resolution No. 1967-43 Re: Bylaw 720:3, Educational Programs for Pregnant Girls

WHEREAS, The State Board of Education appointed a Committee to study the provision of appropriate school programs and attendance for pregnant girls; and

WHEREAS, The Committee consulted with representatives of the State Department of Health and Welfare, the Medical and Chirugical Faculty of Maryland, and the Advisory Council on Child Welfare; and

WHEREAS, As a result of this consultation certain recommendations were agreed upon; now, therefore, be it

RESOLVED, That the State Board of Education adopts Bylaw 720:3 to read as follows:

Bylaw 720:3 Educational Programs for Pregnant Girls

It is the State's responsibility to provide appropriate school programs for all students including pregnant girls, married or unmarried. Such programs shall be approved by the State Superintendent of Schools and shall include provision for counseling, social work and psychological services as needed.

1. A girl who is pregnant, either married or unmarried, who has not completed her high school education may elect to remain in the regular school program and shall not be *involuntarily* excluded from any part of this program.

The decision to modify this program shall be reached by the appropriate educational, medical and paramedical personnel in joint consultation with the girl concerned.

2. A girl who is pregnant, either married or unmarried, who is under compulsory school age, may *voluntarily* withdraw from the regular school program provided that she enrolls in an appropriate educational program planned for her.

   The decision concerning an appropriate educational program for the pregnant girl shall be reached in joint consultation with the girl, her parents and/or husband, appropriate school personnel and her physician.

   Appropriate school programs may be:

   a. continuation of the regular school program (modified in terms of individual needs)

   b. enrollment in a special school or special class for pregnant girls

   c. enrollment in a residential school (may be regional)

   d. telephone teaching

   e. T.V. teaching

   f. home teaching

   g. programmed instruction

   h. admittance to a private maternity home

   i. combination of the above programs

3. It is the responsibility of the local school system working with the home to cooperate with other state, county, and city agencies, such as health, welfare, and juvenile services and with private physicians or agencies to assure that the pregnant girl receives proper medical, psychological and social services prior to termination of pregnancy and for as long as needed thereafter.

4. It is the responsibility of the local school system to provide a comprehensive program of family life and sex education in every elementary and secondary school for all students as an integral part of the curriculum including a planned and sequential program of health education.

Appendix A-2

State of Michigan

HOUSE BILL NO. 4525

March 26, 1970, Introduced by Reps. Waldron, McNeely, Mrozowski, Thomas L. Brown, Serotkin, Jowett, Mrs. Elliott, Mrs. McCollough and Vaughn and referred to the Committee on Education.

6/22/70 Passed by the House — 85 to 4
9/15/70 Passed by the Senate — 27 to 8

A bill to provide for the education of pregnant students.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 1 A person, who has not completed high school, may not be expelled or excluded from a public school because of being pregnant.

Sec. 2 A person who is pregnant and who is under the compulsory school age may voluntarily withdraw from a regular public school program.

Sec. 3 A local school district may develop and provide an accredited alternative educational program for persons who are pregnant and voluntarily withdraw from the regular public school program, or a local school district may contract the nearest intermediate school district offering an educational program required by this Act. A local school district shall be reimbursed for these programs in accordance with section 12 of Act No. 312 of the Public Acts of 1957, as amended, being sections 388.622 of the Compiled Laws of 1948.

Sec. 4 The state board of education shall establish rules and regulations for alternative educational programs and for contractual arrangements with school districts or accredited private schools to provide for the education of students who are pregnant.

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Appendix A-3
State of Florida

CHAPTER 71-21
Senate Bill No. 124

AN ACT relating to public education; amending section 232.01 (c), Florida Statutes, to provide that married and pregnant students and students who have already had a child outside of wedlock shall not be prohibited from attending public schools; providing that such students be entitled to same educational instruction as other students; providing that such students may be assigned to special classes or programs; providing an effective date.

*Be It Enacted by the Legislature of the State of Florida:**

Section 1. Paragraph (c) of subsection (1) of section 232.01, Florida Statutes, is amended to read:

232.01 Regular school attendance required between ages of seven and sixteen; permitted at age of six; exceptions. —

(1) (c) (1) This section shall not apply to students who become or have become married, unmarried students who are pregnant, and students who have already had a child outside of wedlock.

(c) (2) *Students who become or have become married, unmarried students who are pregnant and students who have already had a child outside of wedlock shall not be prohibited from attending school, and these students shall be entitled to the same educational instruction or its equivalent as other students, but may be assigned to a special class or program better suited to their special needs.*

Section 2. Subsection (2) of section 232.01, Florida Statutes, is repealed.

Section 3. This act shall take effect July 1, 1971.

Approved by the Governor May 12, 1971.

Filed in Office Secretary of State May 12, 1971.

* Italicized words are additions to existing law.

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